

1542  
**BURGH OF PAISLEY.**



# REPORT

OF THE

## Public Health Department

*For the Year 1934,*

BY

G. V. T. McMICHAEL, M B., Ch.B., D P.H.,

Medical Officer of Health.



# **BURGH OF PAISLEY.**



## **REPORT**

OF THE

## **Public Health Department**

*For the Year 1934,*

BY

**G. V. T. McMICHAEL, M.B., Ch.B., D.P.H.,**

Medical Officer of Health.



# INDEX.

---

Introductory Letter,	5
Vital Statistics,	7
Control of Infectious Diseases,	9
Hospitals,	9
Pneumonia,	12
Scarlet Fever,	13
Diphtheria,	13
Measles,	14
Whooping Cough,	14
Municipal Laboratory,	16
Maternity and Child Welfare Scheme,	17
The Russell Institute,	17
Infant Mortality,	18
Maternal Mortality,	19
Proposed New Maternity Hospital,	29
Barshaw Maternity and Child Welfare Hospital,	33
Tuberculosis Scheme,	39
Incidence of the Disease,	39
Domiciliary Treatment,	42
Dispensary Treatment,	43
X-Ray Diagnosis — Artificial Pneumothorax Treatment,	44
Artificial Sunlight Treatment,	48
Institutional Treatment,	50
Venereal Diseases Scheme,	53
Municipal Clinic for Out-door Cases,	53
Hospital Accommodation,	55
Housing of the Working Classes,	56
Meat Inspection—Public Slaughter-house,	58
Diabetes—Provision of Insulin,	58
Milk and Dairies (Scotland) Acts,	59
Water Supply,	61
Sewage Purification—Refuse Disposal,	61
Factories and Workshops,	61
Local Government (Scotland) Act, 1929,	62
Medical Report on Craw Road Institution,	69
Report on Woodside House,	81
Statistical Tables and Returns,	87
Birth Statistics,	87
Clinics for Mothers and Children,	88
Midwives (Scotland) Act: Extract from the Report by the Medical Officer,	90
Report on Barshaw Maternity and Child Welfare Hospital,	92



Digitized by the Internet Archive  
in 2016 with funding from  
Wellcome Library

<https://archive.org/details/b28655254>

*To the Provost, Magistrates and  
Town Councillors of the  
Burgh of Paisley.*

I have the honour to submit my Report on the work of the Public Health Department for the year 1934. The first part of the Report consists of a general review of the work of the various branches of the Department; the second part consists mainly of more detailed information and the usual statistical tables and returns.

The Report is submitted in accordance with the requirements of the Department of Health for Scotland.

I have the honour to be,

Your obedient Servant,

G. V. T. McMICHAEL,

*Medical Officer of Health.*

Public Health Office,

PAISLEY, June, 1935.





# BURGH OF PAISLEY.

---

## Report of the Public Health Department for the Year 1934

---

### PART I. VITAL STATISTICS.

The Vital Statistics for the year under review are based on the estimate of population laid down by the Registrar-General.

**Population.**—The population estimated to the middle of 1934 was 88,507; this gave an estimated increase over the figure for 1933 of 461.

**Area.**—The area of the Burgh is 3,538 acres. The density of population is 25.01 per acre.

**Birth Rate.**—There were 1,600 births; 795 males and 805 females, giving a birth rate—corrected for transfers—of 18.1, compared with 17.5 for 1933. This is the first time during the last five years that the downward trend of the birth rate has been checked. The average rate for the past fifteen years is 21.7. The rate for the whole of Scotland was 18.0, while the average rate for the larger Scottish Burghs was 18.6.

**Illegitimate Birth Rate.**—This rate was 5.1 per cent. of the total births. The average rate for the past fifteen years is 4.9 per cent. The rate for the whole of Scotland was 6.9 per cent., and for the larger Burghs, 6.1 per cent.

**Death Rate.**—The number of deaths was 1,116, giving a death rate—corrected for transfers—of 12.6, the second lowest rate on record. The rate for 1933 was 12.9, and the average rate for the past fifteen years is 13.6. The rate for the whole of Scotland was 12.9, the lowest rate on record, while the rate for the larger Burghs was 13.2.

The principal diseases contributing to the death rate were heart disease, 195 deaths; cancer 119 deaths; cerebral haemorrhage, etc., 112 deaths; pneumonia, 100 deaths; pulmonary tuberculosis, 57 deaths; bronchitis, 50 deaths.

The number of deaths from the various forms of heart disease was the third highest on record, and forms 17.4 per cent. of the total deaths. The deaths from cancer form 10.6 per cent. of the total deaths. It is interesting to find that of the total number of deaths registered during the year—1.191—no fewer than 639 or 53.7 per cent. occurred in institutions; in 1921, only 38.8 per cent. of the total deaths occurred in institutions.

**Infant Mortality Rate.**—deaths under 1 year—corrected for transfers—numbered 137, giving a rate of 86 per 1.000 births, the third lowest rate on record. In 1933, the rate was 99, and the average rate for the past fifteen years is 98. The rate for the whole of Scotland was 78, the lowest rate on record, while the rate for the larger Burghs was 86.

Diseases of early infancy and malformations accounted for 56 deaths, or 40.8 per cent. of the total number. The other principal diseases contributing to this mortality rate were pneumonia, 26 deaths, and diarrhoea, etc., 17 deaths.

**Tuberculosis Mortality Rate.**—The rate of deaths from all forms of tuberculosis was 0.92, the third lowest rate on record, and the rate from pulmonary tuberculosis was 0.64: these rates for 1933 were 0.99 and 0.76, while the average rates for the last fifteen years are 1.11 and 0.78. The corresponding rates for the whole of Scotland were 0.75, and 0.57, the lowest rates on record, and for the larger Burghs, 0.88 and 0.67.

**Infectious Diseases Rate.**—The rate of deaths from the principal infectious diseases was 0.59, the third lowest rate on record; the rate for 1933 was 0.99, while the average rate for the past fifteen years is 0.93. The rate for the whole of Scotland was 0.69, and for the larger Burghs, 0.82.

---

## CONTROL OF INFECTIOUS DISEASES.

---

### New Infectious Diseases Hospital.

On 21st March, 1934, the first sod of the new hospital at Hawkhead was cut by Provost James Galt. Since then, steady progress has been made with the building operations, and, despite rather unfavourable weather during the winter months, it is hoped that the Hospital may be ready for opening towards the latter end of 1935.

The total accommodation at the new Hospital will be 181 beds. There will be seven separate ward pavilions, as follows:—

- (1) Pneumonia, 30 beds.
- (2) Diphtheria, 21 beds.
- (3) Whooping Cough, 20 beds.
- (4) Scarlet Fever, 30 beds.
- (5) Measles, 20 beds.
- (6) Cubicle Block, 30 beds.
- (7) Tuberculosis, 30 beds.

The pavilions for measles and whooping cough, when not required for these diseases will serve as reserve pavilions. The Cubicle Block will be used for cases of Enteric Fever, Cerebro-Spinal Fever, Puerperal Fever, Erysipelas, etc., and also for observation cases and cases suffering from two diseases. With the exception of the Cubicle Block, all the wards will be single storey pavilions, and all will have verandahs.

The administrative buildings will include the following:—Administrative Block with accommodation for Domestic Staff, Nurses' Home, Dispensary and Laboratory, Power House, Laundry Block, Garage, Mortuary, and houses for the Male Staff.

### A.—Hospitals.

**Infectious Diseases Hospital, Bridge Street.**—The number of cases remaining in Hospital on 31st December, 1933, was 188; the number admitted during 1934 was 1,301, giving a total of 1,489, compared with a total of 1,478 for the year 1933. The number treated during the year 1934 was the highest on record, and was due mainly to the severe epidemic of Scarlet Fever which occurred during the winter, 1933-34.

The principle diseases contributing to this record total were Scarlet Fever, 755; Diphtheria, 384; Acute Pneumonia,

170; Measles, 71; Erysipelas, 49; Acute Meningitis, 31; Puerperal Fever and Puerperal Pyrexia, 18; Whooping Cough, 10.

I have again to congratulate Miss Dick and her nursing staff on a first class record of work, especially during the early months of the year, when, despite the unavoidable overcrowding of the wards, the work was tackled in a manner deserving of the highest praise.

Dr. Dorothy B. Thomson, Resident Medical Officer, resigned her post in July, 1934, and was succeeded by Dr. Enid M. Dixon. Thanks are due to both these Officers for their capable and conscientious services. In the early months of the year, a part-time Assistant Medical Officer was engaged in order to cope with the extra work in the Laboratory.

**Reception House, Bridge Street.**—There was no occasion during the year to utilise the accommodation at the Reception House for contacts of Infectious Diseases.

**Smallpox Hospital.**—Cases of smallpox, of which none occurred during the year, are now treated at the West Renfrewshire Combination Hospital, near Johnstone. This Hospital serves the whole County Area, and is under the control of a Joint Committee, representative of all the Local Authorities.

## B.—Infectious Diseases.

The total number of Infectious Diseases—apart from Tuberculosis—was 3,648, which represents a fairly high incidence; in 1933, the total was 4,400. Notifiable diseases accounted for 1,957, of which 707 were cases of Scarlet Fever, 562 Acute Pneumonia, 356 Diphtheria. There were 1,691 cases of diseases not compulsorily notifiable, of which 984 were cases of Measles, 569 Chickenpox, 94 Whooping Cough, 44 Mumps.

The Epidemic Inspector, Mr. Eagleson, and the Epidemic Nurse, are again to be congratulated on the very capable way in which they tackled a very heavy year's work.

**School Closure on Account of Infectious Diseases.**—It was not considered necessary to recommend closure of any school or part of a school on account of Infectious Disease.

**Housing and Infectious Disease.**—I subjoin the usual table showing the number of cases of Acute Pneumonia, Diphtheria, and Scarlet Fever, which occurred in houses of one, two, and three apartments:—

Size of House.	Acute Pneumonia.		Diphtheria.		Scarlet Fever.	
	No. of Cases.	Per Cent. Total.	No. of Cases.	Per Cent. Total.	No. of Cases.	Per Cent. Total.
One Apartment, * (14.9%).	68	15.4	37	10.9	80	11.5
Two Apartments, (50.3%).	228	51.7	183	53.8	391	56.5
Three Apartments, (21.9%).	101	22.9	86	25.3	142	20.5
Over Three Apartments, (12.9%).	41	9.9	34	10.0	80	11.5

\* The figures in brackets denote the percentage of each class of house to the total number of houses.

**Disinfection.**—In addition to the usual routine measures of disinfection, 75 sets of bedding were removed with the owners' consent and burned at the Refuse Destructor. This work was carried out in cases where deaths had occurred from the following Diseases:—Pulmonary Tuberculosis (21); Cancer (19); Circulatory Diseases (5); Nervous Diseases (4); Non-Pulmonary Tuberculosis (2); Other Diseases (25).

The practice of offering baths and disinfection of clothing and bedding to patients suffering from Scabies and Pediculosis was continued at the Fever Hospital. In the case of Scabies, 22 persons were bathed and treated with sulphur ointment, and 30 sets of bedding and clothing were treated by steam disinfection.

On two occasions, all the utensils in two dairies were subjected to steam disinfection.

**Modern Methods of Active Immunisation.**—Since the latter months of 1926, the Nursing Staff at the Fever Hospital have been subjected to the Schick Test and the Dick Test, in order to determine their susceptibility to Diphtheria and Scarlet Fever. Those nurses found susceptible have been actively immunised. With the exception of two mild cases of Diphtheria which occurred during 1932, the nursing staff have kept free from both diseases.

Immunisation work has not yet been started at the Child Welfare and School Clinics.

**Pneumonia.**—Total notifications, 562, classified as follows:—Acute primary pneumonia, 491; acute influenzal pneumonia, 9; acute pneumonia, secondary to other diseases, 62. These figures represent a high incidence.

354 cases of acute primary pneumonia and acute influenzal pneumonia were admitted to hospital, or 70.8% of the total notifications; of these, 161 were treated in the Fever Hospital, 109 in the Royal Alexandra Infirmary, 26 in Craw Road Institution, and 58 in Woodside House. Deaths numbered 100, giving a case mortality—for all notified cases—of 20 per cent., a comparatively low figure; the case mortality in the Fever Hospital was 11.7 per cent. 37 deaths of the total of 100 occurred in children under 5 years.

62 cases of acute pneumonia, secondary to other diseases, were notified during the year. Practically all were cases following measles and whooping cough, and compulsory notification, in force since 1922, enables the Department to get into early touch with these cases and to offer institutional treatment in the Fever Hospital.

Early in 1920, the Local Authority decided to provide accommodation at the Fever Hospital for cases of acute pneumonia and acute influenzal pneumonia. I subjoin an interesting table showing the development of the work:—

### Institutional Treatment of Acute Primary Pneumonia and Acute Influenzal Pneumonia.

Year.	Total Notifications.	Case Mortality (per cent.).	Fever Hospital.	Cases Removed to Hospitals.				Percentage of Notified Cases removed to Hospitals.
				Royal Alexandra Infirmary.	Craw Road Institution and Woodside House.	Total Cases removed to Hospitals.		
1922	530	27.9	209	111	18	338		63.8
1923	250	20.1	108	39	8	155		62.0
1924	578	28.8	170	111	25	309		53.5
1925	491	23.8	236	91	18	345		70.3
1926	500	27.0	219	93	30	342		68.4
1927	561	21.6	300	81	31	412		73.4
1928	545	23.6	304	72	28	404		74.1
1929	738	23.1	306	104	124	534		72.3
1930	528	21.0	286	57	33	376		71.4
1931	477	18.0	286	48	14	348		72.9
1932	590	20.0	246	70	41	357		60.0
1933	411	21.0	193	54	12	259		69.3
1934	500	20.0	161	109	84	354		70.8
Totals,	6,702	.....	3,024	1,043	496	4,563		67.9



Taking the years, 1922 to 1934, we find that the average number of notifications was 515, and the average case mortality of the notified cases was 22.9 per cent.; during the same period, 45.1 per cent. of the total notified cases were treated in the Fever Hospital, where the average case mortality was 15 per cent.

**Scarlet Fever.**—Cases notified, 707; removed to hospital, 608 or 85.9 per cent.; there were 8 deaths, giving a case mortality of 1.13, a fairly low rate, the average case mortality for the past fifteen years being 1.49 per cent. With the exception of the years, 1932 and 1933, the incidence was the highest recorded since the war. The epidemic started in June, 1931, continued at a high level during 1932, and rose to its peak during the last quarter of 1933 when notifications numbered 600. During the first quarter of 1934, notifications dropped to 362, and during the last quarter numbered only 95. Fortunately, in the majority of cases, the type of disease was fairly mild, although the incidence of septic complications was high.

Where home isolation is practicable, medical practitioners can be supplied with antitoxin.

**Diphtheria.**—Cases notified, 356; removed to hospital, 350; there were 13 deaths, giving a case mortality of 3.6 per cent., a low rate, the average rate for the past fifteen years being 4.7 per cent. The incidence of this disease was easily the highest since the war, the average number of notifications during the past fifteen years being 163. This high incidence has been a fairly common feature of recent years both in England and Scotland, but, fortunately, the serious type at present prevalent in some of the large English towns has so far not been seen to any extent in this area.

Serum is always available for practitioners at the Fever Hospital.

**Enteric Fever.**—There were no notifications of this disease, and there have been no deaths from this disease since the year 1929.

**Ophthalmia Neonatorum.**—Notifications numbered 37, as compared with 19 during 1932. 14 cases were proved to be due to a gonococcal infection, a fairly high proportion. 20 cases occurred in the practice of midwives. The Assistant Medical Officer and the Health Visitors paid 130 domiciliary visits to these cases, and 5 serious cases were referred to the

Royal Victoria Eye Infirmary, Paisley, where they attended as out-patients for expert advice and treatment. 1 severe case was admitted for indoor treatment to the Fever Hospital. No cases of impairment of vision occurred, and in that respect our record of only 1 case of blindness from this disease since 1918 is the best possible tribute to the value of the treatment given at the Eye Infirmary, and also to the conscientious work of the Health Visitors.

**Measles.**—984 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department, chiefly through the medical service of the Education Authority; the incidence was rather higher than the average, which is 670 for the past fifteen years, and was due to the usual biennial epidemic, the outbreak of which was delayed till the late spring months. 71 cases were admitted to hospital. The type was mild, and 4 deaths occurred, giving a case mortality of 0.4 per cent., as compared with an average mortality for the past fifteen years of 2.5 per cent. The Epidemic Nurse and Health Visitors paid 1,098 domiciliary visits in order to impress on parents the dangers of this disease, especially in young children, the importance of calling in a doctor at once, and the vital necessity of confining the children to bed for at least a week, in order to prevent the onset of pneumonia, that very fatal complication which is the cause of practically all the deaths from measles.

**Whooping Cough.**—94 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department; this indicates the second lowest incidence during the past fifteen years, the average figure being 360. 6 complicated cases were treated in the Fever Hospital. There were 4 deaths—all of children under 5 years—which gives a case mortality of 3.2 per cent., the second lowest rate recorded during the past fifteen years, the average being 7.5 per cent. 103 domiciliary visits were paid to these cases. Whooping Cough in young children is the most fatal of all the common infectious diseases, a fact which still requires to be impressed on parents.

**Puerperal Fever and Puerperal Pyrexia.**—13 cases of Puerperal Fever were notified, a higher incidence than the average figure for the past fifteen years, which is 10. 11 cases were treated in Hospital, and there were 5 deaths.

28 cases of Puerperal Pyrexia were notified, of which 14 were treated in Hospital. There were no deaths.



Further particulars of these cases will be found in the section of the Report dealing with the Maternal and Child Welfare Service.

**Chickenpox.**—There were 569 notifications of this disease, which at the end of 1932 ceased to be compulsorily notifiable; this represents a higher incidence than usual, the average figure for the past fifteen years being 435. As chickenpox may be easily confused with the mild type of smallpox, all cases are visited by the Epidemic Nurse, who refers any case at all suspicious to the Medical Officer for further visitation.

**Cerebro-Spinal Fever.**—13 cases were notified, and 10 were treated in Hospital; there were 11 deaths, of which 6 were under 1 year. The results of treatment of these cases with the Polyvalent Sera which are available continue to be distinctly disappointing.

**Erysipelas.**—88 cases were notified; 46 cases were treated in Hospital; there were 4 deaths.

**Mumps.**—44 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department; this represents a very low incidence, the average figure for the past fifteen years being 367.

**Encephalitis Lethargica.**—No cases were notified.

**Dysentery.**—1 case was notified and was treated in Hospital.

**Influenza.**—7 deaths occurred during the year from this disease which indicates a low prevalence.

**Smallpox, Enteric Fever, Typhus Fever, Plague, Cholera, Relapsing and Continued Fevers, Malaria, Infective Jaundice, Encephalitis Lethargica, Acute Poliomyelitis.**—No cases occurred during the year.

**Infectious Diseases Carriers.**—No “carriers” came to the notice of the Health Department during the year.

---

## VACCINATION.

The unsatisfactory provisions of the Vaccination Acts continue to be responsible for a large proportion of the population remaining unvaccinated. Mr. W. L. Campbell, Registrar, reports that for the year 1933, only 30.5 per cent. of the total births (1,547) were vaccinated. “Conscientious Objectors” numbered 801 or 51.7 per cent. of the total births.

## MUNICIPAL LABORATORY.

I subjoin a table summarising the work done during the year at the Bacteriological Laboratory at the Fever Hospital. Since the war, this work has steadily increased, especially during the last few years. In 1920, examinations numbered 707; for 1930, the total was 1,284; for 1933, the total was 2,791. During 1934, there was a record total of 3,607 examinations.

Disease.	No. of Specimens.	Positive Results.	Negative Results.
Diphtheria .....	3,156	648	2,508
Enteric Fever, .....	7	—	7
Tuberculosis, .....	183	48	135
Venereal Diseases, .....	161	20	141
Cerebro-Spinal Fever, .....	60	19	41
Other Diseases, .....	40	3	37
	<u>3,607</u>	<u>738</u>	<u>2,869</u>

## MATERNITY SERVICE AND CHILD WELFARE SCHEME.

STAFF.—1 Administrative Medical Officer; 2 Assistant Medical Officers; 5 Health Visitors; 1 Epidemic Nurse for home visitation of cases of infectious diseases in young children. One of the Health Visitors has the special duty of assisting the Epidemic Nurse in the event of epidemic outbreaks of measles and whooping cough, while in normal times she is employed in the ordinary work of a Health Visitor.

### The Russell Institute.

The Institute provides accommodation for all the Public Medical Services conducted by the Local Authority and the Education Authority. The various departments are allocated as follows:—

#### Local Authority.

Maternal and Child Welfare Department.  
Tuberculosis Department.  
Disinfection Department.  
X-Ray Department.  
Artificial Sunlight Department.

#### Education Authority.

Minor Ailments Clinic.  
Special Treatment Clinic.  
Dental Clinic.  
Remedial Exercises Clinic.  
Office Accommodation.

The general public continues to show a keen interest in the work of the Institute. During the year, 5 parties, including Women's Guilds, Girls' Clubs, etc., visited the institution in the evenings, the average number of each party being about 30; in addition to Mr. Brown, the capable and energetic caretaker, a Medical Officer was in attendance on these occasions in order to explain fully the work of the various departments.

### Review of the Year's Work.

The following account of the work under the Scheme has been prepared in accordance with the instructions issued by the Department of Health for Scotland. To the statistics and other information required by the Department, I have added brief personal comments. I have also thought it advisable to continue the statistical tables published in previous years, and these will be found in Part II. of the Report.

## (1) BIRTHS.

(a) Number registered (corrected for transfers, 1,600),	---	1,609
(1) Legitimate,	.....	1,529
(2) Illegitimate,	.....	80
(b) Number notified (including still-births),	---	1,658
(c) Number registered, but not notified,	.....	43
(d) Number classified according to nature of attendance:		
(1) Doctor,	.....	408
(2) Midwife,	.....	603
(3) Institution,	.....	690
(e) Number of still-births,	.....	83

The number of still-births is about the average; in 1933, the number was 75. An analysis of the probable causes of 78 still-births will be found in Part II. of this Report; effective ante-natal supervision would undoubtedly result in a reduction of this rate, and expectant mothers must learn to take advantage of the local facilities provided for this purpose.

## (2) INFANTILE MORTALITY.

(a) Number of deaths (corrected for transfers, 137),	---	144
(b) Rate per 1,000 births (corrected for transfers),	---	86
(c) Number of deaths and rates per 1,000 births classified according to age groups and causes of deaths:		

Age Groups.	No. of Deaths.	Rate per 1,000 Births
Under 1 week, .....	34	21.13
1 week and under 4 weeks, .....	24	14.91
4 weeks and under 3 months, .....	19	11.81
3 months and under 6 months, .....	32	19.88
6 months and under 12 months, .....	35	21.75

Causes of Death.	No. of Deaths.	Rate per 1,000 Births
Chickenpox, .....	0	0.00
Measles, .....	1	0.62
Scarlet Fever, .....	1	0.62
Whooping Cough, .....	2	1.24
Diphtheria and Croup, .....	1	0.62
Erysipelas, .....	1	0.62
Tuberculous Diseases, .....	2	1.24
Meningitis (not Tuberculous), .....	5	3.11
Hydrocephalus, .....	0	0.00
Convulsions, .....	11	6.83
Pneumonia (all forms), .....	27	16.78
Bronchitis, .....	3	1.86
Diarrhoea and Enteritis, .....	17	10.56
Other Digestive Diseases, .....	2	1.24
Congenital Malformations, .....	4	2.48
Congenital Heart, .....	2	1.24
Premature Birth, .....	30	18.64
Atrophy, Debility and Marasmus, .....	17	10.56
Atelectasis, .....	0	0.00
Injury at Birth, .....	3	1.86
Suffocation, overlaying, .....	2	1.24
Syphilis, .....	0	0.00
All other causes, .....	13	8.08

Elsewhere in the Report I have commented on the Infant Mortality Rate. The above analysis again emphasises the need for effective ante-natal supervision of the expectant mother if the continued heavy neo-natal mortality rate is to be reduced. 17 deaths from diarrhoea and enteritis is still too high a number. Quite clearly, more intensive educational work is necessary if we are to reduce the mortality of what is mainly a preventable disease.

### (3) MATERNAL MORTALITY.

- |   |    |
|---|----|
| (a) Number of deaths resulting from miscarriage or childbirth (including puerperal sepsis), ..... | 14 |
| (b) Number of deaths resulting from puerperal sepsis, .....                                       | 5  |

The number of maternal deaths during 1934—14—gives a maternal mortality rate of 8.75 per 1,000 births; in 1933 this rate was 3.22. This year's rate is the highest since the year 1924. The average rate for the past 15 years is 5.62. Of the 14 maternal deaths, 5 resulted from puerperal sepsis, as compared with 2 during 1933, the puerperal sepsis death rate being 3.12 as compared with an average rate for the past 15 years of 1.89 per 1,000 births. It is very disappointing to have such a high rate this year after the record low rate in 1933, but it should be noted that this rate both in England and Scotland has shown a definite tendency to rise in recent years.

### (4) Report Under Midwives (Scotland) Act, 1915.

This will be found under Part II. of the Report. There are 19 midwives on the local roll, of whom 10 hold the C.M.B. Certificate or its equivalent. 35.4 per cent. of the total number of births were attended by midwives.

### (5) HOME VISITATION.

	Number Visited.	Total Visits.
Infants, .....	2,974	7,163
Children (1-5 years), .....	2,327	6,672
Expectant Mothers, .....	168	287
	<hr/> 5,469	<hr/> 14,122

The total number of home visits is 805 less than the number paid during 1933. In my opinion, the educative value of home visitation work by a sensible and tactful Health Visitor is the most important single factor in the whole Child Welfare Scheme, contributing as it does to raising the standard of maternal efficiency. It is to be hoped, therefore, that, as soon as circumstances permit, the present staff of Health visitors will be increased, in order that this important

branch of the work will receive the attention which its importance merits. At present, especially since the recent increase in the number of clinic sessions, the recommendations of the Department of Health regarding home visitation cannot be complied with, even in the case of infants, while the toddlers can only receive very scant attention.

#### (6) VOLUNTARY HEALTH VISITOR'S REPORT.

There are no Voluntary Health Visitors. The small balance of the funds of the old Voluntary Health Visitors' Association is still being used to assist necessitous mothers in the provision of clothing for infants and young children.

#### (7) ANTE-NATAL CONSULTATIONS.

There are three sessions held each week—on Monday afternoon and on Wednesday and Friday mornings. Each session lasts 3-3½ hours; the total number of sessions was 152.

(a)	Total number of expectant mothers attending,	932
	Re-attending from 1933, .....	151
	New Patients, .....	781
(b)	Total number of attendances, .....	3,950
(c)	Classified summary of conditions found:—	
	Albuminaria, .....	84
	Anæmia, .....	7
	Bronchial Catarrh, .....	9
	Cardiac Disease, .....	9
	Contracted Pelvis, .....	53
	Dental Caries, .....	31
	Debility, .....	18
	Doubtful Pregnancy, .....	2
	Threatened Abortion or Miscarriage, .....	11
	Previous Miscarriage or Still-Birth, .....	3
	Digestive Disorders, .....	105
	Gynecological Conditions, .....	10
	Malposition of Gravid Uterus, .....	4
	Malpresentation, .....	14
	Minor Ailments, .....	212
	Multiple Pregnancy, .....	5
	Normal Pregnancy, .....	310
	Not Pregnant, .....	6
	Pyelitis, .....	3
	Tuberculosis, .....	7
	Venereal Disease, .....	5
	Varicose Veins, .....	6
	Vaginitis, .....	18
(d)	Number of cases:—	
	(1) Referred to Ante-Natal Ward, .....	131
	(2) Treated at Clinic, .....	799
	(3) Referred to own Doctor, .....	2
(e)	Sources from which new cases were drawn:—	
	(1) Recommended by Doctor, .....	78
	(2) Recommended by Midwife, .....	97
	(3) Recommended by Health Visitors, .....	46
	(4) Came of own accord, .....	560



The total attendances at the ante-natal clinics numbered 351 more than the previous highest total, and again fully justified the opening of the extra session on Monday afternoons. The number of mothers attending was 8 less than the previous highest total. This ante-natal work is bound to develop further in view of the gradual education of the expectant mother, and also on account of the new rule of Central Midwives' Board, which makes it obligatory on midwives to refer all their patients for ante-natal advice and medical examination. It is gratifying to find a gradual increase in the cases recommended by doctors. As has been repeatedly pointed out, effective ante-natal supervision provides the key to the reduction not only of puerperal morbidity and mortality, but also of the high figures of still-births and neo-natal mortality.

#### (8) POST-NATAL AND OTHER CONSULTATIONS.

(a)	Total number of patients,	.....	.....	.....	616
	New patients,	.....	.....	.....	373
	Old patients re-attending,	.....	.....	.....	243
(b)	Total number of attendances,	.....	.....	.....	3,337
(c)	Conditions found:—				
	Albuminuria,	.....	.....	.....	1
	Agalactia,	.....	.....	.....	102
	Anæmia,	.....	.....	.....	4
	Debility,	.....	.....	.....	108
	Dental Caries,	.....	.....	.....	14
	Digestive Disorders,	.....	.....	.....	25
	Hæmorrhoids,	.....	.....	.....	2
	Mastitis,	.....	.....	.....	12
	Skin Conditions,	.....	.....	.....	2
	Respiratory Disorders,	.....	.....	.....	7
	Minor Ailments,	.....	.....	.....	57
	Other Conditions,	.....	.....	.....	6
	Tuberculosis,	.....	.....	.....	1
	Healthy,	.....	.....	.....	275

These figures, as in previous years, refer to nursing mothers attending the Child Welfare Clinics.

#### NEW POST-NATAL CLINIC.

In December, 1930, a new Post-Natal Clinic was opened in the Russell Institute under the charge of the Resident Medical Officer of Barshaw Hospital. The Clinic, which is held on Thursday afternoon, was started primarily post-natal supervision for the mothers confined in Barshaw Hospital,

especially for those who had no family doctor. I subjoin the report of the year's work which has been prepared by Dr. Elizabeth F. Hunter.

(a)	Total number of patients attending, .....	314
	Re-attending from 1933, .....	26
	New patients, .....	288
(b)	Sources from which cases were drawn:—	
	Referred from Barshaw Hospital, .....	275
	Referred by Medical Practitioners, .....	2
	Referred by Public Health Staff, .....	10
	Came of own accord, .....	1
(c)	Total number of attendances, .....	855
(d)	Summary of conditions found:—	
	Abortion—complete, .....	1
	Abscess of Jaw, .....	1
	Anæmia and debility, .....	37
	Albuminuria, .....	3
	Anteflexion, .....	8
	Hyperthyroidism, .....	1
	Cardiac Disease, .....	1
	Cystocele, .....	4
	Cystocele and Rectocele, .....	1
	Deficient Pelvic Floor, .....	3
	Dental Caries, .....	1
	Minor Ailments, .....	27
	Septic Finger, .....	1
	Pain on Micturition, .....	3
	Mastitis, .....	7
	Persistent Red Lochio, .....	3
	Prolapse of Uterus, .....	2
	Pyelitis—Chronic, .....	2
	Ventral Hernia, .....	2
	Respiratory Diseases, .....	2
	Retroflexion and Retroversion, .....	13
	Tuberculosis, .....	3
	Salpingitis, .....	4
	Subinvolution, .....	22
	Subinvolution and Anteflexion, .....	7
	Vaginal Discharge, .....	1
	Varicose Veins, severe, .....	1
	Pelvis and general condition satisfactory, .....	150
(e)	Number of cases:—	
	Referred to other Clinics, .....	3
	Referred to Hospital, .....	18
	Referred to X-Ray Department, .....	4
	Treated at Post-Natal Clinic, .....	289

Compared with 1933, total attendances showed a increase of 409, and it was gratifying to find an increase of 61 in the number of mothers attending. Mothers, however, still require to be educated regarding the real preventive value of post-natal supervision. Four years' working of the new Clinic has shown that 46 per cent. of the mothers attending required some form of treatment, of whom 23.8 per cent



required treatment for conditions directly due to pregnancy and parturition. At the Post-Natal Clinic, such conditions can be recognised at an early stage, and treatment can then be more effective.

### (9) CHILD WELFARE CONSULTATIONS.

There are seven sessions held each week, each session lasting three to four hours. The total number of sessions was 354.

(a) Number of children attending:—			
(1) Under one year of age,	.....	.....	975
(a) New patients,	.....	760	
(b) Patients re-attending,	.....	215	
(2) Over one year of age,	.....	.....	1,455
(a) New patients,	.....	.....	293
(b) Patients re-attending,	.....	.....	1,162
(b) Total number of attendances:—			
(1) Under one year of age,	.....	.....	6,452
(2) Over one year of age,	.....	.....	6,367
(c) Summary of conditions found:—			
Acquired Deformities,	.....	.....	4
Adenitis,	.....	.....	32
Birth Injury,	.....	.....	6
Congenital Defects,	.....	.....	7
Debility,	.....	.....	332
Dental Caries,	.....	.....	153
Gastro-intestinal Disorders,	.....	.....	233
Diseases of the Skin,	.....	.....	196
Ear affections,	.....	.....	41
Throat and nose disorders,	.....	.....	113
Eye affections,	.....	.....	41
Genito-urinary disorders,	.....	.....	24
Engorged breasts,	.....	.....	34
Infectious Diseases,	.....	.....	20
Mental Defect,	.....	.....	3
Injury,	.....	.....	6
Intestinal Parasites,	.....	.....	40
Icterus Neonatorum,	.....	.....	7
Nervous Disorders,	.....	.....	5
Phimosis,	.....	.....	92
Prematurity and Birth Debility,	.....	.....	32
Respiratory Disorders,	.....	.....	220
Rickets,	.....	.....	53
Speech Defects,	.....	.....	3
Stomatitis,	.....	.....	5
Surgical Conditions (excluding nose and throat),	.....	.....	52
Tuberculosis,	.....	.....	2
Umbilical Condition,	.....	.....	38
Vaginitis—non-Venereal,	.....	.....	2
Healthy Children,	.....	.....	628
(d) Number of surgical dressings,	.....	.....	290
(e) Cases referred to Hospital:—			
(1) For operation,	.....	.....	205
(2) For consultation,	.....	.....	56
(3) For observation or medical treatment,	.....	.....	7

Total attendances numbered 12,819 as compared with 11,230 during 1933—this is a record total. The opening of an extra session in December, 1930, has assisted materially in reducing the overcrowding which previously obtained, and more time is now available to develop the very important, educative aspect of the work at these Clinics by giving the necessary advice to mothers on the proper care and management of the normal child.

### RICKETS.

The incidence of this disease at the Child Welfare Clinics during 1934 is subjoined, and may be compared with the figures for the previous three years:—

	1931	1932	1933	1934
Total number of cases, .....	71	77	41	53
New cases, .....	55	55	22	29
Old cases re-attending, .....	16	22	19	24

An increase in the number of new cases is to be noted this year, but generally the incidence in recent years is definitely lower.

I subjoin the usual statistical data relating to the 29 new cases attending during the year:—

(1) **Classification:**

Early, .....	6
Medium, .....	17
Advanced or late, .....	6

(2) **Age Incidence:**

6 to 9 months, .....	6
9 to 12 months, .....	22
12 to 18 months, .....	2
18 to 24 months, .....	0

(3) **Modes of Feeding:**

Breast fed at birth, .....	22
Partly breast fed at birth, .....	1
Bottle fed, .....	6
Breast fed babies weaned earlier than 3rd month, .....	9
Breast fed babies weaned between 3rd and 6th month, .....	4
Breast fed babies weaned between 6th and 12th month, .....	5
Breast fed babies weaned after 12th month, .....	5

(4) **Question of Employment of Husband:**

Husband in steady employment, .....	13
Husband on short time, .....	2
Husband unemployed for a few months, .....	3
Husband unemployed for 1 year, .....	2
Husband unemployed for 2 years, .....	9

(5) **Housing Accommodation:**

Lodgings, .....	1
1-apartment houses, .....	3
2-apartment houses, .....	18
3-apartment houses, .....	7

The Health Visitors on their first visit to a house after a baby arrives leaves a card which describes in simple language how Rickets is caused, its symptoms, and how it can be prevented. At the Clinics such teaching is continued, and full use is made of curative measures which aim at replacing the deficiency of Vitamin "D," the cause of the disease; these curative measures are: (1) Cod Liver Oil, (2) Proprietary preparations, containing Vitamin "D," (3) Artificial Sunlight Treatment.

Artificial Sunlight Treatment gives satisfactory results in the great majority of cases, always provided that regular attendance can be secured. During 1934, 45 cases received this treatment at the Russell Institute; of these 32 cases improved under treatment, but no fewer than 13 cases ceased attendance prematurely.

(10) **SPECIAL TREATMENT CENTRES.**(1) **Dental Clinic:**

(a) Number of attendances, .....	1,006
(1) Mothers, .....	389
(2) Children, .....	617
(b) Number of dentures supplied, .....	0
(c) Summary of Work:—	

	New Cases	Attend'ces	Extractions.	Fillings.	Dressings, etc.
Mothers, .....	117	389	422	9	31
Children, .....	255	617	495	84	146
Totals, .....	372	1,006	917	93	177

Since 1927, this work has been carried out by the whole-time dental surgeons employed by the Education Authority at the Dental Clinic in the Russell Institute.

The number of new patients is 71 more than during 1933, and the increase in the number of mothers is very welcome. The extractions carried out involved the giving of 642 local anæsthetics.

Sincere thanks are again due to Mr. Marshall and Mr. Paterson, the School Dental Surgeons, for all their good work and willing co-operation.

(2) **Eyes:**

(a) Number of cases, .....	47
(b) Classified summary of conditions treated:—	
Acute conjunctivitis, .....	14
Blepharitis, .....	14
Cysts, .....	2
Hordeola, .....	1
Ophthalmia neonatorum, .....	12
Strabismus, .....	3
Exophthalmos (unilateral), .....	1

(3) **Ear, Nose and Throat:**

(a) Number of cases, .....	154
(b) Summary of conditions:—	
Otorrhœa, .....	38
Enlarged tonsils and adenoids, .....	87
Adenoids, .....	1
Rhinitis, .....	18
Tonsilitis, .....	6
Deafness, .....	2
Earache, .....	1
Congenital laryngeal stridor, .....	1

(4) **Artificial Sunlight Clinic—Child Welfare Cases:**

(a) Number of attendances, .....	1,974
(b) Number of cases, .....	93
Old cases re-attending, .....	32
New cases, .....	61
(c) Note of conditions treated and results obtained:—	

Dr. Susan M. MacMurray, who is in charge of this work, submits the following report:—

No. of Cases.	Condition.	Result.
3	Adenitis.	Well.
5	Adenitis.	Improved.
1	Adenitis.	Ceased attendance prematurely.
1	Adenitis.	Transferred for surgical treatment.
1	Alopecia.	Ceased attendance prematurely.
1	Birth injury.	Improved.
1	Birth injury.	Ceased attendance prematurely.
3	Bronchitis.	Improved.
1	Bronchitis.	Ceased attendance prematurely.
1	Bronchitis.	Condition unchanged.
17	Debility.	Improved.
7	Debility.	Ceased attendance prematurely.
1	Dermatitis.	Well.
1	Erythroedema.	Ceased attendance prematurely.
7	Rickets.	Well.
25	Rickets.	Improved.
13	Rickets.	Ceased attendance prematurely.
1	Chronic Lung Congestion.	Improved.
1	Urticaria.	Ceased attendance prematurely.
1	Wasting of Right Leg.	General condition improved.
1	Chronic Otorrhœa.	Improved.

**School Children (excluding Tuberculous cases) referred by  
School Medical Officer:**

(a)	Number of attendances,	.....	.....	.....	409
(b)	Number of cases,	.....	.....	.....	16
	Old cases re-attending,	.....	.....	.....	9
	New cases,	.....	.....	.....	7
(c)	Note of conditions treated and results obtained:—				

No. of Cases.	Condition.	Result.
1	Adenitis.	Ceased attendance prematurely.
1	Adenitis.	Well.
1	Chorea.	Improved, continuing treatment.
1	Bronchitis.	Well.
6	Debility.	Well.
1	Debility.	Improved, continuing treatment.
1	Dermatitis of face.	Ceased attendance prematurely.
1	Dermatitis of scalp	Admitted to hospital.
1	Dermatitis of scalp	Well.
1	Alopecia.	Improved, continuing treatment.
1	Purpura Hæmorrhagica.	Improved, continuing treatment.

The work at this clinic showed an increase, total attendances being 2,383 compared with 2,232 during 1933.

## (11) DAY NURSERIES, KINDERGARTENS, AND PLAY CENTRES.

The Hugh Smiley Day Nursery, a well-equipped voluntary institution managed by a committee of local ladies, continues to do excellent work which otherwise would have to be undertaken by the Local Authority. Suitable cases are referred to the Russell Institute for Artificial Sunlight Treatment. In May, 1930, the Committee of Management opened a Play Centre for Children between three and five years in the St. Andrew's Mission Hall, Great Hamilton Street, and this new venture continues to be very popular and carries on most admirable work, which has real educative value. The Local Authority and the Education Committee of the County Council give grants in aid of the work of the Centre.

## (12) FOOD AND MILK.

(a)	Number of persons in respect of whom applications were made for food or milk:—	
(1)	Mothers, .....	84
(2)	Children, .....	155
(b)	Number of cases certified on medical grounds as requiring food or milk:—	
(1)	Mothers, .....	84
	Expectant, .....	32
	Nursing, .....	52
(2)	Children, .....	155
(c)	Number of cases under (b) certified as necessitous:—	
(1)	Mothers, .....	84
(2)	Children, .....	155

As in former years, I have to record a generous bequest of £15 from the Peter Brough Bequest Fund, and the money was again expended in providing baby clothing to help deserving mothers in necessitous circumstances.

## (13) MEASLES.

(a)	Number of cases notified (not compulsorily notifiable), .....	984
(b)	Number of deaths, .....	4
(1)	From Measles, .....	0
(2)	From Sequelæ, .....	4
(c)	Number of cases removed to hospital, .....	71
(d)	Number of domiciliary visits, .....	1,098
(e)	Details of special staff, if any, engaged for epidemics:—	

An additional Health Visitor was appointed in 1924, who, during epidemics, devotes her whole time, if necessary, to home visitation.

## (14) WHOOPING COUGH.

(a) Number of cases notified (not compulsorily notifiable),	.....	94
(b) Number of deaths,	.....	4
(1) From Whooping Cough,	.....	0
(2) From Sequelæ,	.....	4
(c) Number of cases removed to Hospital,	.....	6
(d) Number of domiciliary visits,	.....	103
(e) Details of Special staff, if any, engaged for epidemics; see note under "Measles."		

## (15) OPHTHALMIA NEONATORUM.

(a) Number of cases notified,	.....	37
(1) By doctor,	.....	3
(2) By midwife,	.....	20
(3) By institution,	.....	14
(b) Number of cases in which infection was gonococcal,	.....	14
(c) Number treated in residential institution,	.....	1
(d) Number of cases in which there was appreciable loss of vision,	.....	0

5 cases were treated at the Out-Patient Department of the Royal Victoria Eye Infirmary, Paisley.

## (16) MATERNITY HOSPITALS.

## (18) HOSPITALS FOR SICK CHILDREN.

**Proposed New Maternity Hospital.**

At their monthly meeting in April, 1935, the Town Council agreed by a substantial majority to approve of the scheme for a new Maternity Hospital to be erected on the Hawkhead Estate—or elsewhere if ground cannot be made available at Hawkhead—the proposed new Hospital to form the nucleus of the future Municipal General Hospital for all purposes excepting Infectious Diseases.

The question of increased accommodation for Maternity cases is not by any means a new question. In my Annual report for the year 1929, I drew attention to the inadequate accommodation at Barshaw Maternity Hospital, and, in every Annual Report since 1929, I have urged that the question of provision of more accommodation should be faced. At the beginning of September, 1934, the question was raised, and it was remitted to the Hospital House Committee to consider whether, in view of the inadequate accommodation the number of admissions to Barshaw Hospital could be reduced. The Hospital House Committee gave very careful considera-



tion to their remit, but could not see their way to reduce the admissions without causing hardship, and the Public Health Committee unanimously endorsed this decision. At the end of September it was then remitted to the Hospital House Committee to consider the provision of extra accommodation. On account of the age and structural conditions of the building at Barshaw Hospital, the Committee unanimously rejected the possibility of adding new accommodation there, and that decision was definitely approved by the Department of Health for Scotland. Two other alternative proposals were then considered, namely (1) to ask the County Council to provide accommodation for Paisley cases at their new Maternity Hospital at Thornhill, Johnstone, and (2) to build a new and larger Maternity Hospital within the Burgh. The views of the Department of Health on these two proposals were given in their letter dated 16th January, 1935, a copy of which was sent to all members of the Public Health Committee. The Department favoured the first proposal, that is, enlargement of the new County Maternity Hospital at Thornhill, but they did not rule out the alternative plan of erecting a new Hospital to serve the Burgh alone, and they left the final decision to the Local Authority. The Hospital House Committee and later the Public Health Committee gave very careful consideration to the Department's letter and to my memorandum, and the ultimate decision is given in the first paragraph above.

It is necessary to emphasise one or two special points. During last year and this year a small number of cases of women in labour have had to be refused admission to Barshaw Hospital, and either referred to other institutions or sent home. That fact alone, however, would hardly justify the proposal for a new Maternity Hospital, and more important considerations are:—

- (1) That the present accommodation at Barshaw Hospital is definitely inadequate for ante-natal cases, and for cases of abortion, and
- (2) That as long as the present overcrowding of the Wards at Barshaw Hospital continues, there is always the risk of outbreaks of Puerperal Fever, that very serious infection, among the mothers in these wards.

The great value of effective ante-natal supervision is accepted by everyone nowadays, but of recent years it has become increasingly difficult to provide beds at Barshaw Hos-



pital for ante-natal cases requiring Hospital treatment. Not only so, but the present accommodation quite definitely does not allow of these patients being kept in Hospital as long as they should be kept, and that of course is most unsatisfactory. The position as regards cases of abortion is even more unsatisfactory. In former years about 50-60 cases of abortion were admitted each year; that number in recent years has had to be steadily reduced until during 1934, only 9 cases could be admitted. The majority of cases refused admission were treated in the Royal Alexandra Infirmary, but the responsibility for these cases is a matter for the Local Authority, and, in view of the great pressure of the accommodation at the Infirmary, it hardly seems right to put this extra burden on to a voluntary Hospital. There is little doubt, also, that accommodation in a special ward of a Maternity Hospital provides the best facilities for the institutional treatment of such cases.

It should be noted that the proposal adopted by the Local Authority is to erect a new Maternity Hospital, if possible, on the Hawkhead Estate, which will serve as the nucleus of the future Municipal General Hospital for the Burgh for all cases excepting Infectious Diseases. It is necessary to point out that there is no idea in the minds of the members of the Local Authority to compete in any way either with the Royal Alexandra Infirmary or with Craw Road Institution. As long as these Hospitals can provide for General Medical, and Surgical cases, no new accommodation for such cases would ever be proposed. It is advisable, however, to take a long view of the hospital problem. The resources of the Royal Alexandra Infirmary are probably already fully taxed by the work they at present undertake—just like all voluntary Hospitals—and it is very doubtful if the directors would be willing to undertake further commitments in the way of extensions. As regards Craw Road Institution, the Department of Health are definitely opposed to any idea of extension of the accommodation on that site, and with that view I am in agreement.

It is probable that the various stages of the evolution of the future Municipal General Hospital at Hawkhead would be somewhat on the following lines:—

- (1) The provision of 50 beds for Maternity cases and 10 beds for children to replace and increase the present accommodation at Barshaw Hospital. The provision of 50 maternity beds would not only provide the necessary accommodation for ante-natal cases and

abortion cases, but would also allow mothers at present treated in Woodside House to be confined at the new Hospital. In that way, the institutional treatment of maternity cases would be centralised.

- (2) The second stage would be the provision of wards for children, primarily for the sick children who are at present treated in Woodside House. The institutional treatment of children would thereby be centralised.
- (3) The third stage would be the provision of wards, as and when required for general medical and surgical cases. This stage would only be proceeded with when the accommodation at Craw Road Institution became definitely inadequate, and when the directors of the Royal Alexandra Infirmary could not see their way to provide extra accommodation for such cases.

One other point requires to be specially emphasised. It is generally agreed nowadays that, except in the larger cities, institutional provision for Maternity cases should not be made as a separate unit, but as part of a general hospital unit for all purposes so that all the resources of a general hospital—medical and surgical staff, X-ray and laboratory services, etc.—would be always readily available. Centralisation is definitely accepted nowadays by all authorities as the ideal hospital policy, and there can be no doubt whatever of the definite advantages, both as regards efficiency and economy, of the proposed centralisation of all the hospital accommodation of the Local Authority on the one site at Hawkhead Estate.

---

## BARSHAW MATERNITY AND CHILD WELFARE HOSPITAL.

A full detailed record of the year's work, including the statistical and clinical data required by the Department of Health for Scotland has been prepared by Dr. Elizabeth F. Hunter, and will be found in Part II. of the Report. Medical practitioners will find the clinical notes of special interest. Here, I need only refer to the principal figures, and comment briefly on the year's work.

### Maternity Wards—30 Beds.

	1922	1930	1931	1932	1933	1934
Number of admissions, .....	233	611	605	622	669	688
Ante-natal, .....	83	162	192	201	194	183
In labour, .....	147	381	357	387	443	485
Post-natal, .....	3	2	4	7	2	11
Abortions, .....	11	62	52	27	30	9

The year under review again shows a record total of admissions. Of the total, 169 were sent to hospital by Medical practitioners, and 519 were referred from the ante-natal clinics. No cases were admitted from outwith the Burgh.

The ante-natal ward continues to serve as a valuable and very necessary adjunct to the ante-natal clinics. 183 cases were admitted during 1934, but, as has already been pointed out, the residence of these cases had to be seriously curtailed in order to make room for patients in labour. In addition to the 3 weekly ante-natal clinics held at the Russell Institute, another weekly clinic is held at the Hospital, where the Resident Medical Officer sees patients referred to her by Medical Practitioners for advice and treatment. During 1934, 930 attendances were accorded at this clinic by 111 patients again a record total, and a tribute to the relations between the Local Medical Practitioners and the Resident Medical Officer.

The number of cases of abortion treated was 9, the smallest number on record, and due entirely to the lack of accommodation. One death occurred during the year, the second death due to abortion among the 440 cases treated since the opening of the hospital in 1921. When no accommodation is available at Barshaw, such cases can usually be accommodated at the Royal Alexandra Infirmary, or at Craw Road Institution.

The number of confinements was 584, easily a record total; in 1933, this figure was 534. There were 354 normal deliveries without medical assistance, 117 normal deliveries requiring some form of medical assistance, and 113 classified as abnormal or complicated deliveries.

The maternal morbidity rate for the total number of deliveries was 1.37%—again the lowest figure on record—the rate for normal deliveries 1.28%, and the rate for abnormal deliveries, 1.77%; the corresponding rates for 1933 were 1.5%, 1.15%, and 3%. if extra-genital cases of morbidity are excluded, the rate for normal deliveries is 0.21%, and for abnormal deliveries, 0.88%. These figures are certainly a tribute to the technique adopted at the hospital, and to the constant care and vigilance exercised by the Medical and Nursing staffs. Details of these cases and their classification will be found in Part II. of the Report.

There were 34 still births, giving a rate of 5.8%; in 1933, this rate was 6.4%, and in 1932, 5.3%. The neo-natal death rate—deaths of infants under 8 days—was 3.07%, compared with 3.5% in 1933, 1.04% in 1932, and 2.7% in 1931.

There were 7 maternal deaths—3 within 24 hours of admission—giving a maternal mortality rate for the total number of admissions of 1.01%, as compared with 0.29% for 1933, and 0.6% for 1932. One patient transferred to Bridge Street Hospital on account of Puerperal Infection, died there. Including the death at Bridge Street Hospital, there were 8 deaths in 553 live births, giving a maternal mortality rate per 1,000 live births of 14.4; this rate for 1933 was 5.92. The causes of the 7 deaths were Eclampsia 2, Peritonitis 1, Retained Adherent Placenta 1, Pulmonary Embolism 1, Mesenteric Thrombosis 1, Sepsaemia 1.

Dr. Donald M'Intyre, Consultant Obstetric Surgeon, was called to the Hospital on 64 occasions, and his work may be summarised as follows: 152 consultations, 22 minor operations, and 23 major operations. These figures form a record total, and are an index to the very responsible nature of the work in the maternity wards.

In April, 1935, Dr. Elizabeth F. Hunter resigned her appointment as Resident Medical Officer and as Assistant Medical Officer under the Maternity and Child Welfare Scheme. Dr. Hunter set up record figures of work during each of the two years she acted as Resident Medical Officer and my most sincere thanks are due to her for all her very capable and conscientious services. Dr. Margaret C. Gibson was appointed to succeed Dr. Hunter.

I have once again to thank Miss Lang, Matron, and her Staff for the keenness and efficiency with which they tackled another record year's work. In February, 1935, Miss Lang resigned her post as the result of her appointment to the new County Maternity Hospital, Thornhill, Johnstone. Miss Lang was Matron at Barshaw Hospital for fully 9 years, prior to which she acted as Senior Sister and Depute Matron for 2½ years. Throughout her term of Office she gave conscientious and efficient service and very sincere thanks are due to her for the way in which she tackled the ever-increasing work of the hospital. Miss Dorothy F. Wells, Assistant Matron at Robroyston Hospital, was appointed to succeed Miss Lang.

### Children's Ward—10 Beds.

When the Hospital was opened, 2 wards were set aside for children—1 for medical cases, and 1 for surgical cases. Since 1926, owing to the increased demand for accommodation for Maternity Cases, there has only been 1 ward of 10 beds available for children and this has been used chiefly for minor surgical cases referred from the Child Welfare Clinics.

The number of admissions was 248, compared with 245 in 1933; of these, 51 were medical cases, and 197 were surgical cases. The average duration of residence was 21.7 days for the medical cases, and 9.1 days for the surgical cases. 40 cases were recommended for admission by medical practitioners. 163 cases were referred from the Child Welfare Clinics, while 38 infants were transferred from the Maternity Wards. There were 13 deaths, 3 surgical cases and 10 medical cases, the causes of death being Prematurity (7), Debility (3), Spina Bifida (1), Tonsillectomy and Pneumonia (1), Strangulated Hernia, Bronchitis and Marasmus (1).

Of the 51 medical cases, 20 were cases of prematurity, 7 debility, 5 enteritis, 12 observation and feeding, 3 skin conditions, 1 pemphigus, etc.

The surgical work showed a slight increase, 212 operations, chiefly of a minor nature being performed, as compared with 193 during 1933. Operations on "indoor" cases numbered 175, while "outdoor" cases numbered 37; "outdoor" cases are not formally admitted to Hospital, but are brought there early in the morning, operated on during the forenoon, and sent home usually between 4 p.m. and 5 p.m. 100 cases of tonsils and adenoids were operated on; these cases are detained on an average for 5 or six days. The work



also included 48 cases of circumcision, 17 inguinal hernia, 2 cleft palate, and 5 cases of talipes. Apart from operations, the "outdoor" work involved 87 consultations with Dr. Andrew Hutton, Surgical Specialist to the Children's Ward, who is again to be congratulated on a useful year's work. There can be no doubt that the surgical work carried out in this ward adds definitely to the value of the work at the child welfare clinics.

### **Contributions of Patients towards Cost of Treatment.**

Patients treated in the Maternity Wards are required to contribute towards the cost of treatment according to their household income; the great majority receive at least £2 as Maternity Benefit. During 1934, £1,126 was collected, as compared with £1,224 in 1933; £893 in 1931, and £846 in 1929.

I subjoin the new scales of contributions which, after very careful consideration, were approved by the Local Authority in March, 1932:—

#### **Scale of Contributions for Maternity Cases.**

- (1) Cases under necessitous scale, with no maternity benefit—No charge.
- (2) Cases under necessitous scale, with maternity benefit—30/- per case.
- (3) Non-necessitous cases with income under 40/- per week, plus maternity benefit—42/- per case.
- (4) Non-necessitous cases with income between 40/- and 50/- per week, plus maternity benefit—54/- per case.
- (5) Non-necessitous cases with income between 50/- and 60/- per week, plus maternity benefit—68/- per case.
- (6) Non-necessitous cases with income over 60/- per week plus maternity benefit—95/- per case and upwards.
- (7) Cases receiving two maternity benefits—20/- extra per case.

### Scale of Contributions for Ante-natal, etc., Cases.

- (1) Cases under necessitous scale—No charge.
- (2) Non-necessitous cases with income under 40/- per week—4/- per week.
- (3) Non necessitous cases with income between 40/- and 50/- per week—6/- per week.
- (4) Non-necessitous cases with income between 50/- and 60/- per week—11/6 per week.
- (5) Non-necessitous cases with income over 60/- per week—20/- per week and upwards.

NOTE.—In cases of exceptional hardship, the Medical Officer of Health may use his discretion in varying the above charges.

- (17) Homes for Unmarried Mothers.
- (19) Convalescent Homes.
- (20) Boarding-out.
- (21) Home Helps.
- (22) Educational.
- (23) Note of Other Agencies Associated with the Scheme.

The Scheme of the Local Authority does not include any special arrangements under the above headings. There is accommodation at Woodside House for unmarried mothers, and particulars of that work will be found later in the Report. A few cases of children under 5 years are sent each year for convalescent treatment to the Biggart Memorial Home, Prestwick.

(24) PUBLIC HEALTH (NOTIFICATION OF PUERPERAL FEVER AND PUERPERAL PYREXIA) REGULATIONS (SCOTLAND), 1929.

These regulations came into force on 1st October, 1929.

(1)	Total number of cases :—		
(a)	Puerperal Fever, .....	13	
(b)	Puerperal Pyrexia, .....	25	
(2)	Total number of cases removed to the Infectious Diseases Hospital, .....	19	
(a)	Puerperal Fever, .....	10	
(b)	Puerperal Pyrexia, .....	9	
(3)	Total number of deaths :—		
(a)	Puerperal Fever, .....	5	
(b)	Puerperal Pyrexia, .....	4	
(4)	Number of cases of instrumental delivery :—		
(a)	Puerperal Fever, .....	3	
(b)	Puerperal Pyrexia, .....	7	
(5)	Number of deaths occurring under (4) :—		
(a)	Puerperal Fever, .....	3	
(b)	Puerperal Pyrexia, .....	1	
(6)	Number of cases where the Local Authority provided assistance on the request of medical practitioners :—		
		Puerperal Fever.	Puerperal Pyrexia.
(a)	Consultant service, .....	0	0
(b)	Bacteriological Examinations, .....	0	0
(c)	Skilled nursing at home, .....	1	17
(d)	Hospital treatment, .....	8	8

The Peter Brough District Nurses paid 128 visits to these cases.

(25) OTHER PROVISIONS.

Institutional accommodation is available at the Infectious Diseases Hospital for young children suffering from Pneumonia, Enteritis and Ophthalmia Neonatorum.

MIDWIVES AND MATERNITY HOMES (SCOTLAND) ACT, 1927.

This Act came fully into operation on January, 1928; it amends the Midwives (Scotland) Act, 1915, and also provides for the registration and inspection of Maternity Homes. There is one registered Maternity Home in the area—a Private Nursing Home which has five rooms available for maternity cases. Under Section 15 (1) of the Act, exemption from registration was granted to the Royal Alexandra Infirmary.

As in past years, I have to record my most sincere thanks to Dr. Susan M. MacMurray and the staff of Health Visitors, who tackled their duties most effectively throughout the year.



## PREVENTION AND CONTROL OF TUBERCULOSIS.

STAFF.—Administrative Medical Officer, 1 Clinical Tuberculosis Officer, 1 Tuberculosis Nurse, 1 Nurse for X-Ray and Artificial Sunlight Departments.

The appointment of an additional Assistant Medical Officer in October, 1930, enabled a very desirable re-organisation of the work under the Tuberculosis Scheme to be carried out. Dr. Charles M. Whiteford, Depute Medical Officer of Health, acts as Clinical Tuberculosis Officer and is now responsible for all the clinical work under the scheme, which formerly was divided between three medical officers. Dr. Whiteford visits and examines all newly-notified cases, acts as Visiting Physician to Gockston Tuberculosis Hospital and the sanatorium wards at Craw Road Institution, and carries out the work at the Tuberculosis Dispensary, and the X-Ray and Artificial Sunlight Clinics. The great advantages of such continuity of medical supervision are, of course, very obvious, and the work under the Tuberculosis Scheme is now effectively co-ordinated.

### Incidence of the Disease.

The principal statistics for the year are as follows:—

**Pulmonary Tuberculosis.**—At the beginning of the year, there were 416 cases under observation; 96 cases were notified during the year; there were 57 deaths; at the end of the year, 436 cases remained under observation. 127 cases were removed to hospital.

The death rate from pulmonary tuberculosis was 0.64 per thousand; in 1933 this rate was 0.76 per thousand; the average rate for the past 15 years is 0.78 per thousand.

The number of notifications was well below the average number, which for the past 15 years is 123.

**Non-Pulmonary Tuberculosis.**—At the beginning of the year, there were 452 cases under observation; 56 cases were

notified during the year; there were 24 deaths; at the end of the year 386 cases remained under observation. 27 cases were removed to hospital.

The number of notifications of non-pulmonary tuberculosis was low, and was again below the average number, which for the past 15 years is 28.

The death rate for all forms of tuberculosis was 0.92 per thousand, which is the third lowest rate on record; in 1933, this rate was 0.99 per thousand; the average rate for the past 15 years is 1.11 per thousand.

### Age Incidence of Cases Notified during 1934.

Age Periods	Pulmonary.	Non-Pulmonary.
Under 1 year, .....	0	3
1 to 5 years, .....	1	9
5 to 15 years, .....	8	13
15 to 25 years, .....	35	17
25 to 45 years, .....	37	9
45 to 65 years, .....	15	3
Over 65 years, .....	0	2

Notifications of non-pulmonary tuberculosis may be classified as follows, according to the localisation of the principal lesion at the time of notification:—

Abdomen, .....	17
Meninges, .....	9
Glands, .....	10
Bones, .....	4
Joint, .....	5
Spine, .....	4
Generalised, .....	1
Eyes, .....	0
Abscesses, .....	0
Genito-urinary, .....	5
Skin, .....	1

As regards occupation, the principal figures are as follows—

Scholars, .....	18
Houseworkers, .....	27
Labourers, .....	19
Threadworkers, .....	10
Factory Workers, .....	6
Clerks, .....	4

## Housing and Economic Factors.

The following table shows the relation of the housing and economic factors to the incidence of 120 cases notified and investigated during the year:—

Houses	No. of Cases.	P'ctage. of Total Cases.	Average Weekly Household Income. No. of Inmates.	Under £2	Between £2 & £3	Over £3
1 Apartment, ..... * (14.9%)	19	15.8	4.1	12	6	1
2 Apartments, ..... (50.3%)	63	52.5	5.0	21	29	13
3 Apartments, ..... (21.9%)	29	24.2	5.4	3	9	18
Over 3 Apartments, ..... (12.9%)	9	7.5	6.8	0	2	7

\*The figures in brackets denote the percentage of each class of house to the total number of houses.

Extra-burghal cases, institutional cases, etc., numbered 32.

Investigation was also made regarding the sleeping accommodation of 120 cases notified during the year and the results may be summarised as follow:—

- (1) At the time of notification, 75 cases shared a bed.
- (2) At the time of notification, 27 cases occupied a bed alone but shared a room.
- (3) At the time of notification, 18 cases were the sole occupants of a room.

The allocation of tenants for the recent housing schemes, undertaken primarily for the re-housing of tenants dispossessed from uninhabitable houses, was left in the hands of the Medical Officer of Health, and the Sanitary Inspector. Accordingly, the opportunity has been taken—up to 24th April, 1935—to re-house in this scheme 199 families in which there was a case of tuberculosis and who were living either in overcrowded or in insanitary houses. There are still about 170 applications for re-housing from tuberculosis families remaining to be dealt with, and it is hoped to get most of these families re-housed within the next few years, as the Local Authority have agreed to allocate 15 per cent. of their new houses to such cases.

## Review of the Year's Work.

The work carried out during the year may be reviewed under three headings:—

- (1) Domiciliary Treatment.
- (2) Dispensary Treatment.
- (3) Institutional Treatment.

### Domiciliary Treatment.

Owing to the high percentage of one—and two—roomed houses in Paisley—65.2 per cent of the total number—proper home treatment can seldom be arranged, as it is impossible in the great majority of cases to reserve a room for the sole use of the patient. The Tuberculosis Nurse visits the houses as often as possible, and advises as to the care of the patient, and the precautions necessary to prevent the spread of infection; she also makes any necessary arrangements for disinfection of bedding, clothing, etc. Where necessary, beds are loaned out. Necessitous cases may also receive weekly allowances of eggs, milk, butter, etc., 60 cases receiving help in this way during 1934. Medicines are also provided for cases of insured persons treated at home, the cost during the year being £45 8s. 1d.

Expenditure on such allowances for home cases would be very much larger, but for the most valuable assistance given by certain voluntary agencies, whose funds are available for helping cases of tuberculosis; Paisley is quite exceptionally fortunate in this respect.

(1) **The James Clark Bequest Fund.**—This Fund is administered by the Directors of the Royal Alexandra Infirmary, Paisley. Weekly grants of money are given to supplement the household income in cases being treated at home; all applicants have to be recommended in the first place by the Public Health Department. At the beginning of 1934, there were 55 recipients on the roll of this Fund, during the year 10 new cases received assistance, and at the end of the year 55 cases remained on the roll. The total payments to patients during the year amounted to the very handsome sum of £542.

(2) **The Renfrewshire Memorial to the late King Edward.**—This Fund is administered by an After-Care Committee representing all the Local Authorities in Renfrewshire, and is devoted to the welfare of tuberculous patients throughout the whole County area; recommendations for assistance are made by the Medical Officers of Health of the various Local Authorities. During 1934, 87 patients in Paisley were assisted as follows:—16 patients received assistance in the shape of rent payments; 57 patients were provided with clothing to enable them to enter the Sanatorium or to secure employment; 5 patients received dental treatment; 9 patients were provided with bed and bedding. £379 14s. 10d. was spent on these various services during 1934.

### (3) The United Services Fund, Earl Haig Fund, etc.—

These Funds are administered by the Paisley Ex-Servicemen's Advisory Committee, and are available for ex-Servicemen suffering from tuberculosis where it has been decided that the illness is neither attributable to nor aggravated by War service, and where, therefore, no pension is granted. Applicants have to be recommended in the first place by the Public Health Department. During the year the Committee sustained a severe loss through the death of Mr. A. C. Wilson, who for many years had acted as Honorary Secretary and Treasurer. He was succeeded in that capacity by his wife, who reports that, during 1934, roughly £145 was spent on tuberculous ex-Servicemen and their dependents, providing clothing, bedding, furniture, and extra nourishment.

All applications for assistance from these various agencies are carefully investigated, and only deserving cases are recommended.

### Dispensary Treatment.

The Municipal Dispensary is held at the Russell Institute and is open on the afternoons of Tuesday and Friday of each week, each session lasting fully two hours.

I subjoin a table giving the principal figures relating to the work done during the last four years:—

	1931	1932	1933	1934
Total Attendances, .....	2,448	2,111	2,057	2,106
Average Monthly Attendances, .....	204	176	171	175
Primary Consultations, .....	133	343	354	313

Of the new cases, 32 came to the Dispensary of their own accord, 143 were referred by medical practitioners, 77 by the Public Health Staff, 10 by the School Medical Officers, 2 from the Royal Alexandra Infirmary, while 49 patients were referred on their discharge from hospitals and sanatoria. It is noteworthy that 95 cases were notified after consultation with Dr. Whiteford.

The Tuberculosis Dispensary is certainly the most convenient centre for observation and diagnosis of early cases, especially since X-Ray facilities have become available, and it also serves a most useful purpose in enabling the tuberculosis staff to maintain regular medical inspection and after-care of ex-sanatorium patients. During the year, 583 surgical dressings were done at the Dispensary, chiefly for cases receiving Artificial Sunlight Treatment.

Dr. Whiteford, Clinical Tuberculosis Officer, again made systematic efforts during the year to determine finally the diagnosis of the many observation cases who had been on the Dispensary Register for a considerable period, and he was successful in removing from the Register 42 observation cases, and also 33 notified cases who no longer required supervision.

### **X-Ray Diagnosis.**

The X-Ray Department at the Russell Institute is open for two sessions weekly—Monday forenoon and Thursday afternoon.

During 1934, there was again an increase in the work of this Department. 1,104 patients attended for examination, as compared with 1,078 during 1933; of these, 209 cases were referred by medical practitioners, 376 cases by the Public Health Staff, and 519 cases by the County Tuberculosis Officer. 1,778 plates were taken, compared with 1,558 plates in 1933.

Early in the year, the Trustees of the Renfrewshire King Edward Memorial modernised all the equipment at a cost of about £700. This very generous gift has greatly facilitated the growing work of this Department, and has enabled the staff to produce more accurate results in this important branch of medical science.

Dr. Whiteford's Report is as follows:—

“The work overtaken in the X-Ray Department for the year 1934 again shows an increase over that for the preceding year—the total being 1,104 patients, and 1,778 plates for the year under review, as compared with 1,078 patients and 1,558 plates, the total figures for 1933.

“There are two sessions weekly of the X-Ray diagnosis clinic—Monday forenoon at 11 o'clock, for bone and pelvis radiography; and Thursday afternoon at 2 o'clock for radiography of chest conditions. The Thursday afternoon session is immediately followed by the Pneumothorax Clinic, when a certain number of control platings and screenings are done of the patients having pneumothorax refills.

“In this connection, it may be worthy of mention that, since the installation at the beginning of the year of the new X-Ray Equipment there has been greater expedition in passing through the growing number of cases. A saving has



been effected in the number of control plates required for pneumothorax work, the patients being screened before refills, and a control plate for permanent record being taken only at intervals.

"The table below gives the sources from which cases were drawn, with an analysis of the cases:—

	Chest	Spine	Hip & Pelvis	Bones & Joints	Skull	Total Patients	Total Plates	Total Screenings
Practitioners' Cases, .....	203	1	—	4	1	209	397	—
Burgh Health Dept. Cases, .....	247	17	78	31	3	376	580	47
County Health Dept Cases, .....	465	6	33	12	3	519	801	105
Total, .....	915	24	111	47	7	1,104	1,778	152

"The X-ray clinics at the Russell Institute function for all the services included under the Burgh Health Department's schemes—Tuberculosis, Maternal and Child Welfare, and the Municipal Hospitals.

"Among the 376 patients referred by Medical Officers of the Burgh Health Department were 23 cases from the Infectious Diseases Hospital—20 for diagnosis of chest conditions, and 3 for diagnosis of bone lesions.

"From the Tuberculosis wards at Craw Road Institution and Gockston Hospital, 53 cases were referred, including 29 for chest conditions, 6 for spinal conditions, and 7 for other bone lesions.

"Under the Maternal and Child Welfare Scheme, both from the clinics and from Barshaw Maternity and Child Welfare Hospital, 60 patients were referred for X-ray diagnosis—3 for chest conditions, 55 for diagnosis of presentation in pregnancy, 1 for pelvic bone condition, and 1 for other body lesions.

"The table below gives the analysis of those cases:—

	Chest.	Spine.	Hip and Pelvis	Bones and Joints.	Skull	Total Patients.
Bridge Street Hospital, .....	20	—	—	3	—	23
Craw Road Hospital, .....	28	6	11	7	—	52
Gockston Hospital, .....	1	—	—	—	—	1
Barshaw Hospital, .....	3	—	1 & 55	1	—	60
Total, .....	52	6	67	11	—	136

"Thus a liaison is maintained between the various Departments, and by pooling our resources a final diagnosis is established in cases otherwise somewhat obscure. Malpresentations and malformations are diagnosed during pregnancy



and difficulties in labour anticipated and corrected; pneumothorax refills are controlled; progress of cases in the Tuberculosis wards is assessed; and the end result of treatment of chest affections in the Infectious Diseases Hospital is seen. The last class is an important one, for cases deemed to require further investigation and observation are recommended to attend at the Tuberculosis Dispensary after discharge from hospital. In this way we endeavour to assure continuity of supervision and treatment from the commencement of the illness until a final diagnosis is reached, or until final discharge as cured."

**Artificial Pneumothorax Treatment.**—The X-ray facilities at the Russell Institute, and the appointment of Dr. Whiteford as Clinical Tuberculosis Officer, enabled the Tuberculosis Staff to commence Artificial Pneumothorax Treatment of cases of Pulmonary Tuberculosis early in 1931. It is agreed that this treatment in suitable cases gives more encouraging results than any other. The new work was commenced primarily for the benefit of patients who had been discharged from Bridge of Weir Sanatorium after a course of such treatment, but it is hoped, as experience is gained, to develop it for suitable cases among the patients in the local Tuberculosis Hospitals. The most suitable cases for this type of treatment are those in which the disease is confined to one lung.

Dr. Whiteford's Report is as follows:—

"Collapse Therapy in the treatment of pulmonary tuberculosis was continued in our hospital wards and at the Pneumothorax Refill Clinic at the Russell Institute. In the wards, treatment was attempted in picked cases—those in which the disease was unilateral; or in view of some complication, such as laryngitis or haemorrhage. The outdoor clinic functions for patients discharged from hospital or sanatorium:

"Collapse was attempted on a group of seven hospital patients:—

Case I. (J. S.)—Left apical lesion with laryngitis. Attempt unsuccessful owing to adhesions. Disease spread rapidly. Died.

Case II. (W. Q.)—Left-sided lesion with laryngitis. Attempt unsuccessful. Still on treatment. Improved on Sanocrysin.

Case III. (S. T.)—Right-sided lesion. Attempt successful. Greatly improved. Transferred to Bridge of Weir Sanatorium.

Case IV. (T. M'M.)—Right-sided lesion with hæmorrhages. Very nervous individual. Attempt unsuccessful. During attempt at induction, patient had convulsive seizure and had a left-sided paresis for three days, which eventually cleared up. No air was introduced, and the question arose: Were the convulsions due to pleural shock, or to idiosyncrasy towards the local anaesthetic—novocain? Death later after hæmoptysis.

Case V. (J.S.)—Left-sided lesion with laryngitis. Attempt unsuccessful. Still on treatment. Much improved on Sanocrysin.

Case VI. (T. G.)—Left-sided lesion with laryngitis and hæmoptysis. Attempt unsuccessful. Still under treatment.

Case VII. (C. T.)—Right-sided lesion with laryngitis. Attempt successful. Improved, and continuing collapse therapy.

Refills for the above series totalled 62.

"The outdoor clinic for pneumothorax refills is conducted immediately after the X-ray diagnosis clinic on Thursday afternoons. Nine ex-patients from our own and extra-burghal institutions attended for their periodic refills.

Case (a) (J. T.)—Well. Collapse fairly good. Sputum still positive, but has had no upsets.

Case (b) (M. T.)—Well. Working as shop assistant. No upsets.

Case (c) (A. M. S.)—Working on own account. Defaulted during year.

Case (d) (J. B.)—Well. Working as shop assistant. Fair amount of fluid present. No upsets.

Case (e) (W. E.)—Well. Fluid present. No upsets.

Case (f) (G. M.)—Well. Working on own account. No upsets.

Case (g) (W. W.)—Well. Occasional Asthmatic attacks. Working on own account.

Case (h) (N. M'C.)—Well. Fit for work, but unemployed. No upsets.

Case (i) (M. B.)—Well. Working for over two years. No upsets.

Refills for the above nine patients totalled 92.

With the exception of those cases in which extensive adhesions prevented collapse, the results are very satisfactory.

The rationale of the procedure is explained to the patient before attempting induction, no elaborate technique is adopted, and when the patient finds that symptoms abate just as was prognosed, they become enthusiastic about the treatment."

**Artificial Sunlight Treatment.**—Artificial Sunlight Treatment for cases coming under the Tuberculosis Scheme was continued on the usual lines during 1934. Dr. Whiteford submits the following report on the work:—

"Treatment of suitable cases of non-pulmonary tuberculosis and cases labelled 'pre-tuberculous' was carried out as in former years. The sources of ultra-violet light used were two carbon arc lamps, and three quartz-mercury vapour lamps for general light baths, and one quartz mercury vapour lamp adapted for local treatment of lesions such as enlarged glands, patches of lupus, etc.

"During 1934, there were 192 cases under U.V.R. therapy as compared with 193 during 1933; the total exposures for these patients being 4542 and 3,983 respectively.

"At the Wednesday afternoon clinic, those cases are seen at intervals of three weeks or a month, their progress assessed, and treatment reviewed according to the progress found at each examination. This Sunlight Clinic functions for the treatment of certain types of non-pulmonary tuberculosis, and also of cases not definitely tuberculous but showing local or general signs of being below par, and, in some instances, contacts of definitely tuberculous cases. These non-tuberculous cases we group under the heading 'pre-tuberculous.'

"In most cases of non-pulmonary tuberculosis, a course of U.V.R. therapy results in a definite improvement. The patients themselves testify to a feeling of increased vigour and improvement in sleep and appetite. The local condition usually shows in the general access of healthy vitality, gland swellings, becoming smaller and sclerosed, ulcers and sinuses drying up, and many painful conditions becoming less distressing.

"In the 'pre-tuberculous' cases, almost without exception we find an improvement. This is especially noticeable in those cases who start on U.V.R. treatment during the winter months when natural sunlight is very limited.

"The table below gives an analysis of the cases on U.V.R. therapy during 1934. These cases were recommended from several sources—the staff of the Burgh Health Department, the County Health Department, and the medical practitioners of the Burgh.

	Recommended by Burgh Health Dept.		Recommended by County Health Dept.		Recommended by Medical Practitioners.	
	Cases con- tinued from 1933.	New Cases.	Cases con- tinued from 1933.	New Cases.	Cases con- tinued from 1933.	New Cases.
<b>Non-Pulmonary Tuberculosis.</b>						
Improved:						
Treatment suspended,	7	5	7	3	10	6
Treatment continued into 1935, .....	2	13	—	3	—	14
Ceased attendance prematurely, .....	6	13	2	7	1	18
Transferred to Hospital, .....	—	2	—	—	—	3
<b>Pre-Tuberculous Cases.</b>						
Improved:						
Treatment suspended,	3	8	1	—	3	3
Treatment continued into 1935, .....	—	19	—	—	—	4
Ceased attendance prematurely, .....	5	15	—	1	3	2
Transferred to Hospital, .....	—	1	—	—	1	1

"The total number of cases, 192, included 141 new cases, and 51 continuing treatment from 1933. The 141 new cases comprised 87 cases of non-pulmonary tuberculosis, and 54 cases labelled as 'pre-tuberculous'; and, of the 51 cases continuing from the previous year, 35 were cases of non-pulmonary tuberculosis, and 16 'pre-tuberculous cases.'

"An analysis of the end results of treatment for the various types of case is given below:—

	Improved; Treatment Suspended.	Treatment Continued into 1935.	Ceased Attendance Prematurely.	Transferred to Hospital.
Pre - Tuberculous cases (70), .....	18	23	26	3
Tuberculous Adenitis (67), .....	20	17	27	3
Tuberculosis of Abdomen (26), .....	9	6	11	—
Tuberculosis of Bones and Joints (14), .....	5	3	4	2
Lupus and Allied Con- ditions, (3) .....	—	2	1	—
Other Conditions (12), .....	4	4	4	—

“The heading ‘Ceased attendance prematurely’ refers to defaulters, who, as in former years, are derived mainly from new cases.

“Of the 122 cases of non-pulmonary tuberculosis on U.V.R. treatment 47 or roughly 38% defaulted; out of the 70 ‘pre-tuberculous’ cases, 26 or roughly 37% defaulted. These figures show an increase in the percentage of defaulters of the tuberculous class, and a decrease among the ‘pre-tuberculous,’ as compared with the figures for 1933, viz. 30% and 42% respectively.

“Various factors contribute towards this regrettable phenomenon. Waning enthusiasm in the absence of a rapid cure in certain cases; domestic difficulties preventing regular attendance; and many other causes which can only be overcome by constant preaching of the gospel of health and sunshine. Thus we endeavour to impress the waverers, and also hold up to their view the dramatic results achieved by the regular and conscientious attender.”

### Institutional Treatment.

The routine practice, in practically all newly notified cases, is to offer institutional treatment; except in exceptional cases, residence in a Sanatorium gives all patients their best chance of having the progress of the disease arrested, and also teaches them how to look after themselves at home, and how to safeguard others from infection.

Probably the chief cause of the many failures of institutional treatment of pulmonary tuberculosis is that far too many cases are not notified—and therefore do not get the chance of institutional treatment—until they are in the advanced stages of the disease. I subjoin an instructive table

showing the interval which elapsed between notification and death in 874 cases of pulmonary tuberculosis who died during the thirteen years. 1922 and 1934:—

	No. of Cases.	Percentage of Total Deaths.
Notification first received from Registrar of Deaths, .....	112	12.8
Death occurring within 1 month of notification, .....	113	12.9
Death occurring within 1 to 3 months of notification, .....	125	14.4
Death occurring within 3 to 6 months of notification, .....	98	11.2
Death occurring within 6 to 12 months of notification, .....	84	9.6

In the remaining 342 cases—39.1 per cent. of the total number—the interval between notification and death was over 12 months. These figures show that 50.1 per cent. of the deaths from Pulmonary Tuberculosis since 1922 occurred within 6 months of notification, which really means that the majority were in the advanced stages of the disease before they were notified to the Public Health Department.

### **Institutional Accommodation Available for Paisley Cases.**

**Gockston Hospital.**—30 beds, under the control of the Local Authority. This hospital serves as a “clearing house,” where pulmonary cases are kept under observation for varying periods until a final decision as to the form of treatment required can be made. Early cases are then sent to Bridge-of-Weir Sanatorium, if accommodation there is available, chronic cases are sent home to attend the Tuberculosis Dispensary, while others are detained for treatment or for the purpose of isolation.

The principal figures for 1934 are as follows:—  
 in hospital at beginning of year, 21—10 males, 11 females.  
 Admitted during the year, 65—29 males, 36 females.  
 Deaths during the year, 16—7 males, 9 females.

**Craw Road Institution.**—30 beds, under the control of the Local Authority, acting for the joint owners, Renfrew County Council and Paisley Town Council. The Sanatorium Wards are available for all types of tuberculosis, but hitherto they have been used mainly for cases of non-pulmonary tuberculosis. In 1928, the late Parish Council agreed to provide additional accommodation in the wards of the main hospital



and this has been utilised to accommodate urgent pulmonary and non-pulmonary cases for whom no other accommodation was available; patients in the wards of the main hospital are transferred to the Sanatorium wards as soon as beds are available.

The principal figures for 1934 are as follows:—

In hospital at beginning of year, 27—17 males, 10 females.

Admitted during the year, 78—48 males, 30 females.

Died during the year, 15—8 males, 7 females.

**Bridge-of-Weir Sanatorium.**—Under voluntary control. Only carefully selected cases are sent to this Sanatorium, and the results are usually very satisfactory.

The principal figures for 1934 are as follows:—

In hospital at beginning of year, 14—10 males, 4 females.

Admitted during the year, 11—3 males, 8 females.

Deaths during the year, 2—2 males, no females.

**Peesweep Sanatorium.**—18 beds, under the control of Renfrew County Council. In July, 1933, the management of the large Thread Mills in Paisley handed over this Institution to Renfrew County Council. 4 beds remain available for employees, the cost of treatment being borne by the Local Authority. 4 Paisley cases received treatment during the year, but no new cases were admitted.

**Biggart Memorial Homes, Prestwick.**—Under voluntary control. This is a convalescent home where children in a non-infectious stage of tuberculosis can be sent for fresh-air treatment under close medical supervision; in most cases excellent results are obtained. No new cases were admitted during the year.

**St. Andrew's Home, Millport.**—Under private control. This is a well-equipped and admirably managed Sanatorium, designed specially for the treatment of cases of non-pulmonary tuberculosis; Dr. J. H. Paul is the keen and enthusiastic medical superintendent. During 1934, 1 case from Paisley was admitted.

---

Dr. Charles M. Whiteford, Clinical Tuberculosis Officer, and his staff are again to be heartily congratulated on a splendid record of work during the year. Noteworthy features were the cordial co-operation of medical practitioners with Dr. Whiteford, and also the continued increase of the work of the X-Ray Department.

---

## VENEREAL DISEASES SCHEME.

The scheme of the Local Authority came into operation in October, 1922.

The principal features are as follows:—

- (1) **Facilities for Laboratory Diagnosis.**—Wassermann tests are carried out at the Municipal Laboratory, Glasgow, while other bacteriological work is done at the Clinic, Craw Road Institution.
- (2) **Supplies of Salvarsan, etc.,** are available free of charge for the use of duly qualified medical practitioners.
- (3) **Clinic for Outdoor Cases at Craw Road Institution.**
- (4) **Ward accommodation in Craw Road Hospital.**
- (5) **Educational and Publicity Campaign.**

**Laboratory Diagnosis.**—During the year 471 specimens of blood and cerebro-spinal fluid were sent to Glasgow for the Wassermann Test; of that total 232 specimens came from the Municipal Clinic, and the indoor wards, 111 from the Royal Alexandra Infirmary, and 128 specimens from medical practitioners. The Staff at the Clinic examined 1,366 specimens, and 161 specimens were examined in the laboratory at the Fever Hospital. Total examinations, therefore, numbered 1,998.

**Supplies of Salvarsan, etc., to Medical Practitioners.**—151 doses were supplied during the year to 8 medical practitioners.

### Municipal Clinic for Outdoor Cases.

The Clinic is situated in the grounds of Craw Road Institution, but is owned and controlled by the Local Authority. The Staff consists of a Medical Officer—Dr. Charles M. Whiteford—1 whole-time male orderly, 1 part-time clerk, and 2 part-time nurses for attendance on female patients. The Medical Officer is in attendance four sessions weekly, two sessions for male patients and two for female patients, while the Clinic is open every day, including Sunday, for irrigations, dressings, etc.

I subjoin a tabular statement of the principal statistics for 1934:—

(1) No. of New Cases, 207.

	Syphilis.	Gonorrhœa.	Soft Sore.	Non-Specific Venereal Infections.	Other Diseases.	Total.
Males, .....	28	69	1	7	47	152
Females, .....	8	34	0	0	13	55
	<hr/> 36	<hr/> 103	<hr/> 1	<hr/> 7	<hr/> 60	<hr/> 207

(2) Total attendances, 14,496.

Males, .....	1,728	9,128	0	50	240	11,146
Females, .....	770	2,529	0	0	51	3,350
	<hr/> 2,498	<hr/> 11,657	<hr/> 0	<hr/> 50	<hr/> 291	<hr/> 14,496

(3) Average daily attendances, 40.4.

(4) Cases from outwith Paisley, 57.

Johnstone, 12; Renfrew, 8; Barrhead. 9; Greenock. 3; Glasgow, 3; Renfrew County, 21; Glasgow, Clydebank. Beith. Dalry, 1 each.

(5) Laboratory Work.

Specimens examined by Staff of Clinic, .....	1,365
Specimens sent to Glasgow Laboratory, .....	232
Total. ....	<hr/> 1,598

As compared with 1933, new cases showed an increase of 17; new cases of syphilis, 36, were below the average number, while new cases of gonorrhœa, 103, were also below the average number.

The increase in cases of gonorrhœa among women during the last three years has been rather striking and is probably partly accounted for by the extra evening Clinic for female patients opened in January, 1930, and partly by more active co-operation with the Maternal and Child Welfare medical staff. Not only has the number of new cases increased, but during recent years the attendances of the female patients have shown an even more marked increase, the number during 1934 being 3,350 as compared with 1,289 during 1928.

Total attendances were 14,496, as compared with the total of 14,243 for 1933.

The average daily attendances were 40.4, as compared with 39.7 for 1933, 45.9 for 1932, 40.1 for 1930, and 21 for 1923.

The number of laboratory specimens examined by the Staff was the third highest on record; this work, chiefly

carried out by Mr. M'Geechan, the experienced male orderly, saves the Local Authority an appreciable sum of money each year.

### **Hospital Accommodation for Indoor Cases.**

A ward of 13 beds is available for acute cases in Craw Road Hospital, 4 of the beds being reserved for patients from Greenock. Dr. George Millar, Visiting Surgeon at Craw Road Institution, is responsible for the treatment of these patients.

During 1934, 39 patients received treatment, as compared with 60 during 1933; the average number for the past twelve years is 52. Of the total 31 were Paisley cases, 3 were Greenock cases, 2 were Johnstone cases, 2 were Renfrew County cases, and 1 case was from Glasgow.

A welcome feature of the work in these wards was that 4 infants were born there during the year.

---

Dr. Charles M. Whiteford, Clinical Venereal Diseases Officer, is again to be congratulated on a fine record of work. I have also to record my continued indebtedness to Dr. George Millar, the Governor, the Matron, and other officials at Craw Road Institution for their helpful co-operation.

---

## HOUSING OF THE WORKING CLASSES.

Progress continues to be made with the various Corporation Housing Schemes. During 1934, 391 new houses were completed and accupied, as follows:—Gallowhill (204) Barterholm (120), Shortroods (24), Brediland (34), Newton Street (9). 7 new houses were built by private enterprise. During the same period, 58 uninhabitable houses were closed, and 4 houses were closed for purposes of street improvement.

Housing progress since the War can be judged from the table given below, for which I am indebted to Mr. James Lee, Master of Works:—

**Number of Houses erected and occupied within the Burgh,  
1919 to 1934.**

Year.	Erected by—										Grand Total
	Private Enterprise.					Local Authority.					
	2-aplt.	3-aplt.	4-aplt.	5-aplt.	Over 5.	Total.	2-aplt.	3-aplt.	4 aplt.	Total	
1919,	.....	2	.....	.....	.....	2	.....	.....	.....	.....	2
1920,	.....	3	1	1	.....	5	.....	.....	.....	.....	5
1921,	.....	1	.....	1	1	3	.....	92	.....	92	95
1922,	.....	.....	3	2	.....	5	.....	86	38	124	129
1923,	.....	.....	4	14	3	21	.....	102	52	154	175
1924,	1	9	9	13	9	41	48	66	.....	114	155
1925,	.....	23	20	35	1	79	120	62	.....	182	261
1926,	.....	6	5	21	3	35	72	76	.....	148	183
1927,	.....	7	17	39	2	65	182	186	.....	368	433
1928,	.....	9	18	26	4	57	233	275	.....	508	565
1929,	2	4	24	26	5	61	208	214	.....	422	483
1930,	.....	1	9	9	.....	19	238	.....	.....	238	257
1931,	.....	5	13	12	1	31	46	171	.....	220	251
1932,	.....	10	3	7	.....	20	90	132	36	258	278
1933,	.....	2	9	20	.....	31	96	212	102	410	441
1934,	2	2	2	1	.....	7	149	182	60	391	398
Total.	5	84	137	227	29	482	1482	1859	288	3629*	4111

\* This figure includes 102 houses built under Slum Clearance Scheme, and also 717 houses built during 1930, 1931, 1932, 1933, and 1934, primarily for tenants dispossessed from uninhabitable houses.

As regards uninhabitable houses, Mr. Kelso, Chief Sanitary Inspector and Executive Officer under the Housing Acts, reports that in the course of inspection during the year, there were discovered 248 houses which were unfit for human habitation. During 1934, 58 closing and demolition orders

were made under Section 16 of the Housing (Scotland), Act, 1930, and 4 houses were also closed for purposes of street improvement.

In our Report on "Housing Requirements during the five years, 1934-1938," submitted in September, 1933, Mr. Kelso and I pointed out that the most urgent feature of the housing problem in Paisley was undoubtedly the grave overcrowding which existed throughout the town, and we recommended that in any future building programme the erection of houses at rents suitable for those living under overcrowded conditions should have first consideration. Adopting the accepted standard of overcrowding of "more than 2 persons per room," we estimated that the total number of new houses required to deal with overcrowding existing at the time of the 1931 Census was 3,458. During 1934, Mr. Kelso made a preliminary survey in two districts with a view to the possibility of proceeding with Improvement Area Schemes, and it is interesting to note that the number of overcrowded houses in these surveys was in almost the same ratio as the estimated figures given above. The Local Authority, after careful consideration of the Report, decided in December, 1933, that during the next five years 3,000 houses should be built, mainly to accommodate persons living under overcrowded conditions.

The new Housing (Scotland) Bill, at present before Parliament, aims primarily at dealing in a systematic way with the clamant problem of overcrowding. For the first time, a legal standard of overcrowding is proposed which will be applied uniformly throughout the country. All interested in public health and other social problems will warmly welcome the new Bill, the provisions of which will at last enable progressive Local Authorities to tackle effectively this grave and urgent social evil.

It is fairly obvious that in Paisley—as in all industrial areas—the most essential factor in tackling the housing problem is the planning of a steady, continuous building programme. All the available labour and machinery should be mobilised, and used steadily and continuously towards the effective and economical solution of the housing shortage.

---



## MEAT INSPECTION—PUBLIC SLAUGHTER-HOUSE.

The Burgh Slaughter-house is under the competent management of Mr. Hugh Cameron, who is also the official Meat Inspector of the Local Authority.

I subjoin the usual table summarising the work done during 1934:—

Class of Animal.	Total Slaughtered.	Carcases totally condemned.	Carcases partially condemned.	Carcases in which organs only were condemned.
Cattle, .....	7,066	270	334	1,105
Calves, .....	2,307	28	—	5
Sheep, .....	18,398	17	30	510
Swine, .....	11,332	55	70	527
	39,103	370	434	2,147

Of the 2,951 diseased animals, 1,651 were affected with Tuberculosis, of which 269 were totally condemned, and 324 partially condemned. The weight of meat condemned during the year was 74 tons, 15 cwts. During the year, Mr. James Andrew, Burgh Veterinary Inspector, seized 1 cow in the Public Markets; post-mortem examination at the Slaughter-house showed that the carcass was badly affected with generalised tuberculosis, and it was totally condemned. Under Article 5 of the Tuberculosis Order of 1925. Mr. Andrew also seized 2 cows and 1 heifer which were found to be in an advanced stage of Tuberculosis, and the carcasses were condemned. Owing to the increase of work in recent years, difficulties have arisen, and Mr. Cameron proposes to present a special report on the general structure of the Slaughter-house at an early date.

## DIABETES — PROVISION OF INSULIN.

The Local Authority provide Insulin, etc., to necessitous persons suffering from Diabetes who are not otherwise provided for out of public funds. Nine patients were assisted in this way during 1934.

## MILK AND DAIRIES (SCOTLAND) ACTS.

Mr. W. W. Kelso, Chief Sanitary Inspector, is the Executive Officer under the various Acts, and I am indebted to him for most of the following information:—

There are at present 16 registered cowsheds in the Burgh, the average number of cows kept being 356, and the average amount of milk produced being about 762 gallons daily. These were all inspected at least four times during the year, and the results recorded on the score card system; the lowest marks recorded were 82 out of a possible 100.

There are 69 retail dairies on the register; 28 shops for the sale of bottled milk; and 31 carts or other vehicles from outside areas registered to sell milk within the burgh. All these premises were systematically inspected during the year, 5 inspections being made for each dairy.

The daily consumpt of milk within the Burgh is approximately 5,509 gallons, made up of 3,303 gallons bulk milk, and 2506 gallons bottled milk; the total bottled milk includes 41 gallons certified milk, 16 gallons Grade A (T.T.), 4 gallons Grade A pasteurised, 1,748 gallons pasteurised milk, and 697 ordinary milk cooled and bottled. These figures represent a daily consumpt per head of the population of 2.00 gills—a low consumpt, and one which could well be increased with great benefit to the health of the community. Numerous experiments in recent years have definitely proved that pure fresh milk is the ideal food for growing children, and that no other food can replace it.

One new licence was granted for the sale of Certified milk; the subjoined table shows the results of analysis of Graded Milks:—

			Bacteriological Examination.		Chemical Analysis.		
			Bacterial content per c.c.	Coliform Bacilli per 1-10 c.c.	Milk Fat per cent.	Non-Fatty Solid per cent.	Total Solids per cent.
Pasteurised Milk— 8 Samples.	Highest,		330,000	Absent 6	4.12	9.00	13.12
	Lowest,		1,200	Present 2	3.40	8.50	11.90
	Average,		56,481		3.70	8.76	12.46
Certified Milk— 8 Samples.	Highest,		80,250	Absent 7	4.40	9.02	13.42
	Lowest,		480	Present 1	3.55	9.08	12.63
	Average,		12,069		3.89	9.00	12.89
Grade A Milk— (Pasteurised) 4 Samples.	Highest,		4,300	Absent	3.92	8.94	12.86
	Lowest,		540	in all	3.60	9.05	12.65
	Average,		2,635		3.78	9.05	12.83

Reasonable explanations were given in the case of those samples where Coliform Bacilli were present.

The Burgh Analyst is Mr. R. M. Clark, Glasgow, while special tests and examinations are carried out in the Corporation Laboratory, Glasgow.

No outbreak of disease spread by milk or milk products was reported during the year.

## WATER SUPPLY.

No change took place in the general water supply arrangements of the town, which is of good quality and adequate for present requirements, as borne out by the following particulars of the reservoirs:—

	Depth.		Capacity.
	Feet.	Inches.	Cubic Feet.
Barcraigs Reservoir, .....	36	0	196,852,050
Camphill Reservoir, .....	70	0	116,766,880
Rowbank Reservoir, .....	33	5	78,074,248
Stanely Reservoir, .....	31	1	31,891,051
Glenburn Reservoir, .....	28	0	12,651,204
Harelaw Reservoir, .....	20	0	14,248,313
			450,483,746

This gives a storage capacity equal to 212 days' supply, and the lowest quantity in store during the year was equal to 150 days' supply. There are 27 filters and 6 tanks, and the consumpt within the whole water supply district was at the rate of 42½ gallons per day per head of the population for domestic purposes, and 86½ gallons for all purposes.

## SEWAGE PURIFICATION AND REFUSE DISPOSAL.

During the year the Local Authority decided to proceed with their scheme for the purification of the sewage of the Burgh, which had been postponed consequent on the national economic crisis of 1931. Mr. James Lee, Master of Works, has been entrusted with the execution of the scheme.

The Refuse Destructor dealt with 23,797 tons of unscreened refuse during the year, the daily average—with two eight-hour shifts—being 77 tons. The revenue from residual products, clinker, old tins, etc., amounted to £248, compared with £251 for the previous year. The electricity generated and used was equal to a consumpt of £576.

## FACTORIES AND WORKSHOPS.

Excluding bakehouses, there are 111 workshops on the register, and 125 inspections were made of those most requiring attention.

In terms of the Home Work Order, 15 lists of outworkers were received; 8 in February, relating to 34 outworkers, and 7 in August relating to 33 outworkers, of whom 63 were employed within the Burgh and 4 outwith. Four lists regarding outworkers were sent to the authorities of the districts where they were employed, and 3 lists were received from other authorities. Inspection of such premises disclosed nothing calling for special attention.

There are 56 bakehouses in the Burgh, none of which are underground. Two notices were received from H.M. Inspector of Factories, both referring to the necessity for limewashing: these notices received immediate attention. The owner of another bakehouse agreed to carry out general repairs of his premises.

## **LOCAL GOVERNMENT (SCOTLAND) ACT, 1929.**

I subjoin copies of the various Returns which have been called for by the Department of Health for Scotland, and which relate to the Health and Institutional Services administered by the Local Authority:—

**BURGH OF PAISLEY.**

**Health Services—Form 10.**  
1934.

**HEALTH SERVICES.**—Note of changes and developments since completion of former returns. (“Nil” returns to be rendered where appropriate.)

### **I.**

#### **Form 4.—Health Staffs of the Local Authority.**

Changes in the Council’s medical, dental, nursing, sanitary and veterinary staffs, exclusive of the staffs of hospitals:—

Nil.

### **II.**

#### **Form 5.—(A) Clinics and (B) Laboratory Services.**

##### **(A) CLINICS.**

(N.B.—Minor changes, e.g. in days and times of sessions, need not be reported. What is desired is a note of any material development or reduction of services and of any innovations.)

Nil.

##### **(B) LABORATORY SERVICES.**

Owing to the increase of work in the Laboratory of the Infectious Diseases Hospital, a part-time Medical Officer assisted the Resident Medical Officer during the early months of the year.

### **III.**

#### **Form 8—Care of the sick poor under the Poor Law.**

Nil.

The following figures for the year should be given, viz. :—

	Male.	Female.	Children.	Total.
(a) Persons who received outdoor medical relief in the Council's area, .....	1574	1578	1196	4348
(b) Poor persons who received medical treatment under the Poor Law in—				
(1) the Council's institutions, including combination institutions in which the Council has a share—				
Craw Road Institution, Paisley, .....	542	329	54	925
Woodside House, Paisley, .....	—	28	111	139
(2) other, including voluntary institutions, .....	—	—	—	—
Totals, .....	2116	1935	1361	5412

NOTE.—Persons who in virtue of Section 14 (4) of the Local Government (Scotland) Act, 1929, received domiciliary or institutional treatment otherwise than under the Poor Law are not to be included in these figures.

#### IV.

**Form 9.—(A) Adequacy of hospital facilities and (B) arrangements for treating neurological and mental disabilities in the pre-certification stages.**

##### **(A) Adequacy of hospital facilities.**

(Include here a note of any change in the accommodation available in the area whether by the erection of new hospitals, by the extension or closure of existing hospitals, or by the conclusion of new agreements or the alteration of old agreements with other Councils.)

Nil.

##### **(B) Arrangements for treating neurological and mental disabilities in the pre-certification stages.**

Nil.



## RETURN: Year 1934.

## HOSPITALS AND CONVALESCENT HOMES.

Name of institution:—Craw Road Institution, Paisley.

## Statistics:—

## A. IN-PATIENTS.

1. Total number of admissions, .....	1187
2. Total number of patients discharged, .....	993
3. Total number of deaths, .....	188
4. Average duration of stay of patients included in 2 and 3 above — Days (Total patient-days divided by the sum of the deaths and discharges)	35
5. Number of beds occupied:—	
(a) Average during the year, .....	201
(b) Highest, 218, on 21-1-34, 22-1-34, 8-12-34, 12-12-34.	
(c) Lowest, 180, on 22-8-34.	
6. Number of surgical operations:—	
(a) Under general or spinal anæsthesia, .....	96
(b) Other operations, .....	59

## B. OUT-PATIENTS.

1. Total number of persons seen in the out-patient department, .....	29
2. Total number of attendances in the out-patient department, .....	427

NOTE.—There is no real out-patient department at the Hospital, and the above figures refer to private patients attending for massage and artificial sunlight treatment.

Note of any changes in accommodation, additions to equipment, alterations in staff, etc., since completion of former returns:—

Additions to Equipment:—Operating Theatre—

1 Shadowless Lamp, costing .....	£26 0 0
5 Lights and 1 Opal Lamp, costing .....	4 7 8
1 "Keepalite" Equipment and accessories (for emergency lighting), costing .....	39 3 7

## Hospitals: Form 2.

RETURN: Year 1934.

## HOSPITALS AND CONVALESCENT HOMES.

Name of institution:—Woodside House, Paisley.

Statistics:—

## A. IN-PATIENTS.

1.	Total number of admissions, .....	371
2.	Total number of patients discharged, .....	334
3.	Total number of deaths, .....	35
4.	Average duration of stay of patients included in 2 and 3 above — Days (Total patient-days divided by the sum of the deaths and discharges)	45
5.	Number of beds occupied:—	
	(a) Average during the year, .....	45
	(b) Highest, 62, on 24th and 27th March, 1934.	
	(c) Lowest, 35, on 19th July, 1934.	
6.	Number of surgical operations:—	
	(a) Under general or spinal anæsthesia, .....	Nil
	(b) Other operations, .....	Nil

## B. OUT-PATIENTS.

1.	Total number of persons seen in the out-patient department, .....	Nil
2.	Total number of attendances in the out-patient department, .....	Nil
	(There is no out-patient department.)	

Note of any changes in accommodation, additions to equipment, alterations in staff, etc., since completion of former returns:—

The central heating system was extended to the Conservatory in order to make it available as a reserve ward for children under 5 years.

## RETURN: Year 1934.

## HOSPITALS AND CONVALESCENT HOMES.

**Name of institution:**—Barshaw Maternity and Child Welfare Hospital, Paisley.

**Statistics:—**

## A. IN-PATIENTS.

1. Total number of admissions, .....	936
2. Total number of patients discharged, .....	926
3. Total number of deaths, .....	19
4. Average duration of stay of patients included in 2 and 3 above — Days (Total patient-days divided by the sum of the deaths and discharges)	14
5. Number of beds occupied:—	
(a) Average during the year, .....	38
(b) Highest, 53, on 22nd January, 1934.	
(c) Lowest, 25, on 15th & 16th Sept., 1934.	
6. Number of surgical operations:—	
(a) Under general or spinal anæsthesia:—	
Maternity Wards, .....	147
Children's Ward, .....	203
	350
(b) Other operations:—	
Maternity Wards, .....	Nil
Children's Ward, .....	9
	9

## B. OUT-PATIENTS.

**Ante-Natal Clinic:—**

(a) Number of patients, .....	111
(b) Number of attendances, .....	932

**Out-patient Children:—**

(a) Number of operations, .....	37
(b) Number of consultations with Surgical Specialist, .....	87

**Note of any changes in accommodation, additions to equipment, alterations in staff, etc., since completion of former returns:—**

Nil.

## Hospitals: Form 2.

RETURN: Year 1934.

## HOSPITALS AND CONVALESCENT HOMES.

Name of institution:—Burgh Infectious Diseases Hospital,  
Paisley.

## Statistics:—

## A. IN-PATIENTS.

1. Total number of admissions, .....	1302
2. Total number of patients discharged, .....	1323
3. Total number of deaths, .....	75
4. Average duration of stay of patients included in 2 and 3 above — Days (Total patient-days divided by the sum of the deaths and discharges)	25
5. Number of beds occupied:—	
(a) Average during the year, .....	107
(b) Highest, 196, on 5th January, 1934.	
(c) Lowest, 59, on 15th September, 1934.	
6. Number of surgical operations:—	
(a) Under general or spinal anæsthesia,	13
(b) Other operations, .....	8

## B. OUT-PATIENTS.

1. Total number of persons seen in the out-patient department, .....	Nil
2. Total number of attendances in the out-patient department, .....	Nil
(There is no out-patient department.)	

Note of any changes in accommodation, additions to  
equipment, alterations in staff, etc., since completion of  
former returns:—

Owing to the increase of work in the Hospital  
Laboratory, a part-time Medical Officer assisted the Resident  
Medical Officer during the early months of the year.

## RETURN: Year 1934.

## HOSPITALS AND CONVALESCENT HOMES.

Name of institution:—Gockston Tuberculosis Hospital,  
Paisley.

## Statistics:—

## A. IN-PATIENTS.

- |  |     |
|--|-----|
| 1. Total number of admissions, .....   | 65  |
| 2. Total number of patients discharged, .....  | 44  |
| 3. Total number of deaths, .....   | 19  |
| 4. Average duration of stay of patients included in 2 and 3 above — Days<br>(Total patient-days divided by the sum of the deaths and discharges) | 137 |
| 5. Number of beds occupied:—   |     |
| (a) Average during the year, .....   | 23  |
| (b) Highest, 27, on 6-2-34, and on other dates.  |     |
| (c) Lowest, 20, on 2-6-34, and on other dates.   |     |
| 6. Number of surgical operations:—   |     |
| (a) Under general or spinal anæsthesia, .....  | Nil |
| (b) Other operations, .....  | Nil |

## B. OUT-PATIENTS.

- |  |     |
|--|-----|
| 1. Total number of persons seen in the out-patient department, ..... | Nil |
| 2. Total number of attendances in the out-patient department, .....  | Nil |
- (There is no out-patient department.)

Note of any changes in accommodation, additions to equipment, alterations in staff, etc., since completion of former returns:—

Nil.

## Medical Report on Craw Road Institution.

In accordance with the instructions of the Department of Health for Scotland, I beg to submit the annual report on the medical aspects of the administration of Craw Road Institution for the year 1934. I am much indebted to Dr. Barbara A. McGeachy, Senior Resident Medical Officer, who has furnished me with the statistical data included in the report, and who has also been most helpful in giving her opinions on the adequacy of the medical services provided in the Institution.

The suitability of the Institution from a medical standpoint was recently reviewed by the officers of the Department of Health for Scotland, who later issued a report on the various Institutional Services in the County of Renfrew. It may be said that the present view of the Department is that no further hospital developments should take place at Craw Road Institution, but that any future extensions of general hospital accommodation should take place on the site of the new Infectious Diseases Hospital at Hawkhead. That official view must, therefore, be kept in mind in considering any future policy regarding the hospital accommodation at Craw Road.

**General Staffing and Organisation.**—The administration of the whole Institution is in the capable and experienced hands of Mr. Hugh Black, the Governor.

**Medical Staff.**—There are two Resident Medical Officers, who work under the direction of the Visiting Medical Staff. Dr. George Millar is the Visiting Surgeon. Dr. William Gibson is the Visiting Physician, and Dr. Whiteford, Clinical Tuberculosis Officer, acts as Visiting Physician to the Sanatorium Wards. The Visiting Surgeon and Physician visit the patients daily.

**Medical Care of Inmates.**—The various departments of the Institution are visited daily, and ordinary inmates have the opportunity of consulting the resident medical officers at a fixed hour twice daily. The inmates in the Ordinary Wards are examined and classified every quarter.

**Children and Young Persons.**—Children and young persons who come under the care of the Public Assistance Department are admitted to Woodside House. Surgical cases admitted to Woodside House are usually transferred for treatment to Craw Road Institution.

**Diets.**—All the diets in use are approved by the Department of Health for Scotland, and extras may be added



at the discretion of the Medical Officers. The quality, quantity, and the cooking of food remain satisfactory.

**Nursing Staff.**—The staff of nurses is as large as the accommodation permits. The exchange of nurses with the Royal Samaritan Hospital for Women, Glasgow, has proved satisfactory. Lectures for nurses are given by the Resident Medical Officers and the Assistant Matron, and during the year, 6 nurses passed the final examination held by the General Nursing Council for Scotland.

**Inmate Labour.**—The domestic work of the hospital wards is done by inmate labour. In my opinion, the advisability of utilising inmate labour in the hospital wards should receive early consideration from the new Joint Committee which will shortly be set up to administer the Institution. The system has serious disadvantages, and, in my opinion, it is a real obstacle to any scheme for raising the standard of the Municipal Hospital Service.

**Heating, Ventilation, and Equipment.**—The heating, ventilation and equipment of the wards is generally satisfactory. In the case of the operating theatre, where the exposure is due South, the ventilation in warm weather is at times inadequate and the provision of an extraction fan might be considered. The purchase of a new operating table is at present under consideration.

**Dispensing of Medicines, etc.**—The dispensing of medicines, etc., for the Hospital is carried out daily by the Resident Medical Officers.

**X-Ray Diagnosis.**—where necessary, patients in the ordinary hospital wards are referred for X-Ray examination to the Royal Alexandra Infirmary; 20 cases were X-Rayed there during 1934 at a cost of £26 5/-. Tuberculosis cases are X-Rayed at the Russell Institute, where during the year, 52 cases were examined, as follows:—Lungs, 28; Spine, 6; Hip and Pelvis, 11; Bones and Joints, 7.

**Massage.**—A qualified masseuse attends twice weekly. In-patients are referred to her by the medical staff, and, from time to time, out-patients are referred by the Public Assistance Department.

**Infectious Diseases.**—Cases of Infectious Diseases are removed at once to the Burgh Infectious Diseases Hospital. There are no facilities in the Hospital for the isolation of doubtful cases, but accommodation for such cases will be provided at the new Infectious Diseases Hospital. Diseases of the Skin are treated in a Special Ward in the Infirm Block.

**Venereal Diseases.**—There is a special ward for the treatment of acute cases who require indoor treatment and who are unable to attend as out-patients at the Special Treatment Clinic. A feature of the work in this ward in recent years has been the admission of pregnant mothers suffering from venereal disease, and the results of treatment of such cases have been very satisfactory. 56 specimens of blood were sent to the Public Health Department for Wassermann Tests.

**Cancer.**—Cases of cancer suitable for radium treatment are transferred to the Cancer Hospital, Glasgow, and 1 case was sent during the year. Two cases, 1 breast cancer, and 1 rodent ulcer, were treated with radium loaned by the Royal Alexandra Infirmary, Paisley.

**Dental Service.**—A local dental surgeon attends at the hospital when required, to treat patients referred by the Medical Staff. During 1934, 72 cases received dental treatment.

**Laboratory Services.**—Pathological specimens are referred for examination to the following laboratories:—(1) Municipal Laboratory, Infectious Diseases Hospital, Paisley; (2) Corporation Laboratory, Glasgow; (3) West of Scotland Neuro-Psychiatric Research Institute, Glasgow. During the year 1 specimen was sent to the Pregnancy Diagnosis Laboratory, Edinburgh University.

### Statistical Record.

The admissions, discharges, and deaths in connection with the Hospital, St. Margaret's Hospital, Sanatorium, and Observation Wards are shown in the following table:—

	M.	W.	B.	G.	Total
Resident at 31st December, 1933, .....	109	74	12	13	208
Admitted (including transfers), .....	749	435	64	56	1304
Total under treatment, .....	858	509	76	69	1512
Discharged:—					
Cured, .....	241	137	39	36	453
Improved, .....	316	139	8	18	481
No change, .....	85	72	12	7	176
Died, .....	103	79	6	—	188
	745	427	65	61	1298
Remaining at 31st December, 1934, .....	113	82	11	8	214

## CLASSIFICATION OF DISEASES.

## Medical.

## Diseases of Circulatory System.

Arterio-Sclerosis,	.....	.....	.....	.....	.....	7
Cardiac Disease,	.....	.....	.....	.....	.....	80
Endarteritis Obliterans,	.....	.....	.....	.....	.....	1
Tachycardia,	.....	.....	.....	.....	.....	1

— 89

## Diseases of Respiratory System.

Asthma,	.....	.....	.....	.....	.....	16
Bronchiectasis,	.....	.....	.....	.....	.....	2
Bronchitis,	.....	.....	.....	.....	.....	102
Chill,	.....	.....	.....	.....	.....	10
Coryza,	.....	.....	.....	.....	.....	1
Hæmoptysis,	.....	.....	.....	.....	.....	3
Influenza,	.....	.....	.....	.....	.....	15
Pleurisy,	.....	.....	.....	.....	.....	18
Broncho-pneumonia,	.....	.....	.....	.....	.....	14
Hypostatic pneumonia,	.....	.....	.....	.....	.....	1
Lobar pneumonia,	.....	.....	.....	.....	.....	13

— 195

## Diseases of the Nervous System.

Blindness,	.....	.....	.....	.....	.....	1
Blindness and Deafness,	.....	.....	.....	.....	.....	1
Cerebral Hæmorrhage,	.....	.....	.....	.....	.....	20
Cerebral Tumour,	.....	.....	.....	.....	.....	3
Concussion,	.....	.....	.....	.....	.....	2
Confusion,	.....	.....	.....	.....	.....	5
Disseminated Sclerosis,	.....	.....	.....	.....	.....	5
Encephalitis Lethargica,	.....	.....	.....	.....	.....	2
Enmesis,	.....	.....	.....	.....	.....	1
Epilepsy,	.....	.....	.....	.....	.....	16
Epileptic Dementia,	.....	.....	.....	.....	.....	1
Excitement,	.....	.....	.....	.....	.....	1
Facial Paralysis,	.....	.....	.....	.....	.....	1
General Paralysis of the Insane,	.....	.....	.....	.....	.....	1
Herpes Zoster,	.....	.....	.....	.....	.....	1
Hysteria,	.....	.....	.....	.....	.....	7
Hemiplegia,	.....	.....	.....	.....	.....	14
Locomotor Ataxia,	.....	.....	.....	.....	.....	1
Meningitis,	.....	.....	.....	.....	.....	1

Monoplegia,	.....	.....	.....	.....	.....	1
Nervous Debility,	.....	.....	.....	.....	.....	1
Neuralgia,	.....	.....	.....	.....	.....	3
Neurasthenia,	.....	.....	.....	.....	.....	19
Neuritis,	.....	.....	.....	.....	.....	2
Paralysis Agitans,	.....	.....	.....	.....	.....	5
Paraplegia,	.....	.....	.....	.....	.....	4
Paresis,	.....	.....	.....	.....	.....	5
Sciatica,	.....	.....	.....	.....	.....	7
Spastic Paraplegia,	.....	.....	.....	.....	.....	1
Vertigo,	.....	.....	.....	.....	.....	4
						— 136

### Diseases of Alimentary System.

Duodenal Ulcer,	.....	.....	.....	.....	.....	4
Enteritis,	.....	.....	.....	.....	.....	6
Gastritis,	.....	.....	.....	.....	.....	31
Gastro-enteritis,	.....	.....	.....	.....	.....	1
Gastric Ulcer,	.....	.....	.....	.....	.....	4
Hæmatemesis,	.....	.....	.....	.....	.....	7
						— 53

### Diseases of the Urinary System.

Cystitis,	.....	.....	.....	.....	.....	7
Hæmaturia,	.....	.....	.....	.....	.....	3
Nephritis,	.....	.....	.....	.....	.....	16
Pyelitis,	.....	.....	.....	.....	.....	2
Uraemia,	.....	.....	.....	.....	.....	2
						— 33

### - Other Medical Diseases.

Alcoholism,	.....	.....	.....	.....	.....	10
Anæmia,	.....	.....	.....	.....	.....	4
Arthritis,	.....	.....	.....	.....	.....	14
Ascites,	.....	.....	.....	.....	.....	2
Bursitis,	.....	.....	.....	.....	.....	2
Catarrhal Jaundice,	.....	.....	.....	.....	.....	2
Cirrhosis of the Liver,	.....	.....	.....	.....	.....	1
Colic,	.....	.....	.....	.....	.....	1
Conjunctivitis,	.....	.....	.....	.....	.....	3
Constipation,	.....	.....	.....	.....	.....	9
Debility,	.....	.....	.....	.....	.....	27
Dermatitis,	.....	.....	.....	.....	.....	13
Diabetes,	.....	.....	.....	.....	.....	6
Dysphagia,	.....	.....	.....	.....	.....	1
Eczema,	.....	.....	.....	.....	.....	7

Epistaxis,	.....	.....	.....	.....	.....	1
Erysipelas,	.....	.....	.....	.....	.....	3
Erythema,	.....	.....	.....	.....	.....	1
Fibrositis,	.....	.....	.....	.....	.....	4
Hyperpiesia,	.....	.....	.....	.....	.....	1
Impetigo,	.....	.....	.....	.....	.....	5
Infancy,	.....	.....	.....	.....	.....	10
Jaundice (obstructive),	.....	.....	.....	.....	.....	1
Laryngitis,	.....	.....	.....	.....	.....	2
Lumbago,	.....	.....	.....	.....	.....	15
Lupus,	.....	.....	.....	.....	.....	2
Lymphadenoma,	.....	.....	.....	.....	.....	1
Lysol Poisoning,	.....	.....	.....	.....	.....	1
Malaria,	.....	.....	.....	.....	.....	2
Marasmus,	.....	.....	.....	.....	.....	1
Myalgia,	.....	.....	.....	.....	.....	7
Myxoedema,	.....	.....	.....	.....	.....	1
Oedema,	.....	.....	.....	.....	.....	2
Panniculitis,	.....	.....	.....	.....	.....	1
Pernicious Anæmia,	.....	.....	.....	.....	.....	2
Phlebitis,	.....	.....	.....	.....	.....	2
Pleurodynia,	.....	.....	.....	.....	.....	2
Psoriasis,	.....	.....	.....	.....	.....	2
Purpura,	.....	.....	.....	.....	.....	2
Rheumatism,	.....	.....	.....	.....	.....	40
Rheumatoid Arthritis,	.....	.....	.....	.....	.....	2
Scabies,	.....	.....	.....	.....	.....	12
Senility,	.....	.....	.....	.....	.....	54
Shock,	.....	.....	.....	.....	.....	1
Stomatitis,	.....	.....	.....	.....	.....	2
Sycosis,	.....	.....	.....	.....	.....	1
Synovitis,	.....	.....	.....	.....	.....	4
Tinea,	.....	.....	.....	.....	.....	1
Tonsillitis,	.....	.....	.....	.....	.....	8
Varicose Veins,	.....	.....	.....	.....	.....	3
						— 300

### Surgical Diseases.

Abscess,	.....	.....	.....	.....	.....	20
Adenitis,	.....	.....	.....	.....	.....	3
Adhesions,	.....	.....	.....	.....	.....	2
Anal Papilloma,	.....	.....	.....	.....	.....	1
Appendicitis,	.....	.....	.....	.....	.....	4
Burn,	.....	.....	.....	.....	.....	3
Boils,	.....	.....	.....	.....	.....	1
Bruises,	.....	.....	.....	.....	.....	10





Endometritis,	.....	.....	.....	.....	.....	3
Leucorrhœa,	.....	.....	.....	.....	.....	1
Menorrhagia,	.....	.....	.....	.....	.....	1
Metrorrhagia,	.....	.....	.....	.....	.....	3
Pregnancy,	.....	.....	.....	.....	.....	4
Prolapse of Uterus,	.....	.....	.....	.....	.....	1
Retroverted Uterus,	.....	.....	.....	.....	.....	1
Salpingo-oöphoritis,	.....	.....	.....	.....	.....	2
Threatened Abortion,	.....	.....	.....	.....	.....	2
Urethral Caruncle,	.....	.....	.....	.....	.....	1
						— 32

### Tuberculous Diseases.

Tuberculosis of Lungs,	.....	.....	.....	.....	78
Tuberculosis of Abdomen, Bones and Joints,	.....	.....	.....	.....	49
					— 127

Mental Cases for Observation,	.....	.....	.....	77
No Abnormality Discovered,	.....	.....	.....	5

### Venereal Diseases.

Syphilis,	.....	.....	.....	.....	6
Gonorrhœa,	.....	.....	.....	.....	21
					— 27

Births,	.....	.....	.....	.....	.....	7
						—
Total,					.....	1304

### Operations.

During the year 155 operations were performed:—

Major, ..... 96

Minor, ..... 59

There was one post-operative death.

### Deaths.

During the year 188 patients died. The causes of death were as follows:—

### Diseases of Circulatory System.

Angina Pectoris,	.....	.....	.....	.....	1
Arterio Sclerosis,	.....	.....	.....	.....	5
Auricular Fibrillation,	.....	.....	.....	.....	2
Cardi-Vascular Degeneration,	.....	.....	.....	.....	2

Cerebral Hæmorrhage, .....	23
Cerebral Thrombosis, .....	2
Myocardial Degeneration, .....	13
Valvular Disease of Heart, .....	6
	— 54

### Diseases of Respiratory System.

Asthma, .....	1
Bronchitis, .....	6
Pleurisy, .....	1
Broncho-pneumonia, .....	8
Hypostatic Pneumonia, .....	1
Lobar Pneumonia, .....	9
	— 26

### Diseases of Nervous System.

Hemiplegia, .....	2
Spastic Paraplegia, .....	2
Status Epilepticus, .....	1
	— 5

### Malignant Disease.

Malignant Abdomen, .....	1
Carcinoma of Breast, .....	2
Carcinoma of Intestine, .....	2
Carcinoma of Jaw, .....	1
Carcinoma of Liver, .....	2
Carcinoma of Prostate, .....	1
Carcinoma of Rectum, .....	1
Carcinoma of Stomach, .....	2
Carcinoma of Throat, .....	1
Carcinoma of Uterus, .....	1
	— 14
Lyempho Sarcoma, .....	1
Sarcoma of Femur, .....	1
Epithelioma, .....	2
	— 4

### Other Diseases.

	18
Carbuncle (Septicæmia), .....	1
Cholecystitis, .....	1
Cirrhosis of Liver, .....	1
Diabetes, .....	2
Disseminated Sclerosis, .....	1
Enlarged Prostate, .....	2
Fractured Femur, .....	2
Fragilitas Ossium, .....	1

Gangrene, .....	2
Hæmatemesis, .....	3
Idiopathic Chronic Peritonitis, .....	1
Intestinal Obstruction, .....	1
Lymphadenoma, .....	1
Mediastinal Tumour, .....	2
Pernicious Anæmia, .....	2
Prematurity (Birth), .....	1
Quinsy, .....	1
Retention of Urine, .....	1
Rheumatoid Arthritis, .....	1
Sacrah Abscess (Septicæmia), .....	1
Senility, .....	36
Stone in Prostate, .....	1
Stricture of Urethra, .....	1
Anæmia, .....	1
Varicose Ulcer (Septicæmia), .....	1
—	68

### Tuberculosis.

Tuberculosis of Kidneys, .....	1
Tuberculosis of Lungs, .....	15
Tuberculosis Meningitis, .....	1
—	17

Fourteen patients were moribund on admission.

Post-mortem examinations were performed in 2 cases, and permission was refused in several others.

### Mental Wards.

	M.	F.	Total
Resident at 31st December, 1933, .....	44	55	99
Admitted during year, .....	7	3	10
Total under treatment, .....	51	58	109

	M.	F.	Total
Removed or discharged, .....	—	1	1
Died, .....	2	3	5
	2	4	6

Resident at 31st December, 1934, .....	49	54	103
--	----	----	-----

Diseases for which cases were admitted:—

Alcoholic Dementia, .....	1
Confusional Insanity, .....	2
Delusional Insanity, .....	4
Mental Deficiency (1 Microcephalie), .....	2
Senile Dementia, .....	1
—	10

## Causes of death:—

Chronic Bronchitis and Myocardial Degeneration,	1
Carcinoma of Breast and Heart Failure, .....	1
Cerebral Softening of Oedema of the Brain, .....	1
Cerebral Hæmorrhage, .....	1
Chronic Nephritis and Myocardial Degeneration,	1
Post-mortem examinations, .....	5

## Observation Wards.

	M.	W.	G.	Total
Resident at 31st December, 1933, .....	4	4	—	8
Admitted during year, .....	37	39	1	77
Total under treatment, .....	41	43	1	85
Discharged:—				
Cured, .....	3	6	—	9
Improved, .....	17	10	—	27
No change .....	5	2	—	7
Died, .....	1	1	—	7
Transferred:—				
To Broadstone				
Certified Inst'n .....	—	—	1	1
To Asylums, .....	12	19	—	31
	38	38	1	77
Resident at 31st December, 1934, .....	3	5	—	8

## Diseases for which Patients were Admitted.

	Male	Female
Acute Mania, .....	—	2
Alcoholism, .....	2	2
Confusional Insanity, .....	4	4
Delusional Insanity, .....	2	1
Dementia Præcox, .....	2	—
Eclamptic Fits, .....	—	1
General Paralysis of the Insane, .....	2	1
Hysteria, .....	—	2
Melancholia, .....	3	—
Moral Degeneration, .....	—	1
Neurasthenia, .....	1	—
Puerperal Insanity, .....	—	4
Senile Dementia, .....	8	7
Mental Deficiency, .....	2	1
State of Mental Depression, .....	4	7
State of Mental Excitement, .....	4	6
	37	39

One female child—? mental deficiency—was admitted to these wards.

## ARTIFICIAL SUNLIGHT DEPARTMENT.

Treatments given throughout the year were as follows:—

	Carbon Arc.	Mercury Vapour.	Radiant Heat.	Total.
Hospital patients, .....	1089	196	111	1396
Private patients, .....	355	135	72	562
	<hr/> 1444	<hr/> 331	<hr/> 183	<hr/> 1958

The Hospital patients numbered 78 and the types of cases were as follows (Tuberculosis cases numbered 16):—

Abdomen, .....	.....	.....	.....	.....	.....	2
T.B. Abdomen, .....	.....	.....	.....	.....	.....	6
Abscess, .....	.....	.....	.....	.....	.....	9
Arthritis, .....	.....	.....	.....	.....	.....	6
Arthritis (Septic), .....	.....	.....	.....	.....	.....	1
Anæmia, .....	.....	.....	.....	.....	.....	1
Burns, .....	.....	.....	.....	.....	.....	1
T.B. Bones, .....	.....	.....	.....	.....	.....	4
Cellulitis, .....	.....	.....	.....	.....	.....	2
Debility, .....	.....	.....	.....	.....	.....	9
Dermatitis, .....	.....	.....	.....	.....	.....	2
Epithelioma, .....	.....	.....	.....	.....	.....	1
Eczema, .....	.....	.....	.....	.....	.....	1
Glands, .....	.....	.....	.....	.....	.....	2
T.B. Glands, .....	.....	.....	.....	.....	.....	1
T.B. Kidney, .....	.....	.....	.....	.....	.....	1
T.B. Laryngitis, .....	.....	.....	.....	.....	.....	1
Lumbago, .....	.....	.....	.....	.....	.....	2
Lupus, .....	.....	.....	.....	.....	.....	2
Osteomyelitis, .....	.....	.....	.....	.....	.....	2
Otitis Media, .....	.....	.....	.....	.....	.....	2
Paralysis, .....	.....	.....	.....	.....	.....	1
Psoriasis, .....	.....	.....	.....	.....	.....	1
Rheumatism, .....	.....	.....	.....	.....	.....	11
Rickets, .....	.....	.....	.....	.....	.....	1
Sacralgia, .....	.....	.....	.....	.....	.....	1
Sciatica, .....	.....	.....	.....	.....	.....	2
Spine, .....	.....	.....	.....	.....	.....	1
T.B. Spine, .....	.....	.....	.....	.....	.....	1
Synovitis, .....	.....	.....	.....	.....	.....	1
Total, .....	.....	.....	.....	.....	.....	<hr/> 78

## REPORT ON WOODSIDE HOUSE.

Woodside House, which took the place of Auchentorlie House in July, 1933, is primarily a poor-law Children's Home and provides approximately 70 beds for the accommodation of healthy children, sick children, and unmarried mothers. During the year under review, the central heating system was extended to the Conservatory in order to make it available for use as a reserve ward for children under 5 years. Altogether, the accommodation provided at Woodside House is exceptionally good for the purposes of a Children's Home. Modern medical opinion is, however, adverse to the policy of accommodating sick children in a Children's Home like Woodside House, and the Department of Health for Scotland are strongly in favour of providing hospital accommodation for the sick children in Woodside at the new Municipal Hospital proposed to be established at Hawkhead.

I subjoin tables giving the principal statistics for the year 1934, for the compilation of which I am much indebted to the Inspector of Public Assistance and his Staff. These tables give somewhat fuller particulars than have hitherto been published, regarding the cases on the sick list and also the maternity cases.

Deaths numbered 35, as compared with 28 during 1933; it should be noted, however, that sick list cases during 1934 numbered 423 as compared with 299 during 1933. The causes of death will be found in the statistical tables.

The work in the Maternity Ward was much heavier than during recent years, and Miss Farries and her Staff are to be congratulated on the excellent results obtained. The statistics show that there were no maternal deaths, no neo-natal deaths, and only 2 cases of maternal morbidity.

I have again to record my sincere thanks to Miss Farries, Matron and her Staff for all their willing work throughout the year. Thanks are also due to Dr. W. G. Gibson, Visiting Physician, not only for his clinical work, but also for his willing co-operation in administrative matters.



### Statistics for the year 1934.

	W.	B.	G.	Total
Resident at 31st December, 1933, .....	11	30	26	67
Admitted during year, .....	71	182	178	431
Total chargeable during year, .....	82	212	204	498
	W.	B.	G.	Total
Left and otherwise removed, .....	72	165	157	395
Died, .....	—	18	17	35
	73	183	174	430
Resident at 31st December, 1934, .....	9	29	30	68

The highest number of patients resident was 73. the lowest number 47, and the average daily number throughout the year was 61.

### Sick List.

	W.	B.	G.	Total
On Sick List at 31st December, 1933, .....	9	23	20	52
Admitted during year, .....	68	155	148	371
Total treated during year, .....	77	178	168	423
Discharged :—	W.	B.	G.	Total
Cured, .....	51	113	107	271
Improved, .....	5	12	12	29
Left and otherwise removed, .....	12	13	9	34
Died, .....	—	18	17	35
	68	156	145	369
On Sick List at 31st December, 1934, .....	9	22	23	54

Classified according to Authority responsible for maintenance, the total sick treated can be divided as follows :—

	W.	B.	G.	Total
Town Council of Paisley :—				
(a) Public Assistance Department, .....	28	50	61	139
(b) Maternity & Child Welfare Department, .....	38	88	93	219
County of Renfrew—Public Assistance Department, .....	11	28	20	59
County of Lanark—Public Assistance Department, .....	—	4	—	4
Burgh of Clydebank—Public Assistance Dept., .....	—	1	—	1
Burgh of Port-Glasgow—Public Assistance Dept., .....	—	—	1	1
	77	171	175	423

### Births.

Last year there were 51 children born. Since the opening of Auchentorlie House on 15th December, 1910, there have been 726 births, to which have to be added 60 births in Woodside House—a total of 786 births.

### Education and Training.

All fit children of school age are sent to neighbouring public schools. One is attending the Special Classes School, and one the Occupation Centre for special training.

### DEATHS.

The number of deaths throughout the year was 35, as compared with 28 (allocated as follows—Auchentorlie House 17, and Woodside House 11) during 1933. 27 deaths occurred in infants under 1 year. The subjoined table gives the causes of death:—

Age.	Cause of Death.
3 weeks.	Convulsions.
7 weeks.	Congenital Debility.
10 weeks.	Gastro-enteritis and Congenital Debility.
1 month.	Marasmus.
3 months.	Eczema, Enteritis and Infantile Convulsions.
3 months.	Acute Enteritis.
3 months.	Marasmus and Enteritis.
3 months.	Marasmus and Convulsions.
3 months.	Bronchitis, Enteritis and Marasmus.
2 months.	Marasmus.
2 months.	Cellulitis and Toxemia.
2 months.	Congenital Debility.
4 months.	Marasmus and Enteritis.
4 months.	Gastro-enteritis and Marasmus.
4 months.	Marasmus and Dermatitis.
4 months.	Acute Gastro-enteritis.
4 months.	Marasmus.
5 months.	Convulsions, Teething and Eczema of face.
5 months.	Teething, Convulsions and Eczema of body.
6 months.	Gastro-enteritis and Teething.
7 months.	Marasmus and Enteritis.
7 months.	Enteritis and Marasmus.
7 months.	Marasmus and Gastro-enteritis.
7 months.	Acute Enteritis.
9 months.	Teething and Convulsions.
10 months.	Convulsions, Enteritis and Teething.
11 months.	Broncho-pneumonia, Teething & Convulsions.
1 year.	Broncho-pneumonia.
1 year.	Marasmus.
14 months.	Tabes Mesenterica and Abscess of face.
15 months.	Lobar pneumonia.
2 years.	Pneumonia and Encephalitis.
3 years.	Gastritis and Acute Bronchitis.
6 years.	Broncho-pneumonia.
8 years.	Lobar pneumonia.

## CLASSIFICATION OF DISEASES.

### Diseases of Respiratory System.

Bronchitis, .....	15
Bronchial Catarrh, .....	9
Bronchitis and Tonsillitis, .....	1
Catarrh and Ottorrhoea, .....	1
Croup, .....	2
Hydro-thorax, .....	1
Laryngeal Dyspnoea, .....	1
Pleurisy, .....	1
Pneumonia, .....	31
Pneumonia, Broncho, .....	26
Pneumonia, Lobar, .....	1
Pulmonary Congestion, .....	1
—	90

### Diseases of Nervous System.

Chorea, .....	1
Convulsions, .....	3
Carpo-pedal Spasm and Titany of Puberty, .....	1
Epilepsy, .....	1
Facial Paralysis, .....	2
Feebleminded, .....	3
Meningitis, .....	1
Spastic Paralysis, .....	1
—	13

### Diseases of Alimentary System.

Enteritis, .....	23
Gastritis, .....	7
Gastro-enteritis, .....	2
—	32

### Diseases of Urinary System.

Cystitis, .....	2
Extraversion of Bladder, .....	1
Nephritis, .....	3
—	6

### Other Medical Diseases.

Anæmia, .....	1
Arthritis, .....	1
Debility, .....	4
Dermatitis, .....	2

Eczema,	.....	.....	.....	.....	.....	.....	10
Eyes,	.....	.....	.....	.....	.....	.....	1
Favus,	.....	.....	.....	.....	.....	.....	1
Impetigo,	.....	.....	.....	.....	.....	.....	14
Influenza,	.....	.....	.....	.....	.....	.....	2
Jaundice,	.....	.....	.....	.....	.....	.....	1
Malnutrition,	.....	.....	.....	.....	.....	.....	4
Marasmus,	.....	.....	.....	.....	.....	.....	6
Otitis-media,	.....	.....	.....	.....	.....	.....	4
Premature Birth,	.....	.....	.....	.....	.....	.....	1
Rheumatism,	.....	.....	.....	.....	.....	.....	2
Rickets,	.....	.....	.....	.....	.....	.....	1
Septic Throat and Stomatitis,	.....	.....	.....	.....	.....	.....	4
Scabies,	.....	.....	.....	.....	.....	.....	12
Sunstroke,	.....	.....	.....	.....	.....	.....	1
Shock,	.....	.....	.....	.....	.....	.....	2
Tape Worm,	.....	.....	.....	.....	.....	.....	1
							— 75

### Surgical Diseases.

Abscesses,	.....	.....	.....	.....	.....	.....	4
Adenitis,	.....	.....	.....	.....	.....	.....	1
Burns,	.....	.....	.....	.....	.....	.....	2
Cellulitis of Leg,	.....	.....	.....	.....	.....	.....	1
Congenital Deformity,	.....	.....	.....	.....	.....	.....	1
Furunculosis,	.....	.....	.....	.....	.....	.....	3
Mastoiditis,	.....	.....	.....	.....	.....	.....	1
Rectal Prolapse,	.....	.....	.....	.....	.....	.....	1
							— 14
Pregnancy,	.....	.....	.....	.....	.....	.....	58
Infants under 2 years (no specific disease),	.....	.....	.....	.....	.....	.....	83
							— 141

### Statistics of Work in Maternity Wards.

(1) Number of admissions,	.....	.....	.....	.....	.....	.....	50
(a) Ante-natal (cases of Albuminuria),	.....	.....	.....	.....	.....	.....	4
(b) Natal,	.....	.....	.....	.....	.....	.....	44
(c) Post-natal,	.....	.....	.....	.....	.....	.....	2
	Of the total admissions, 44 were Paisley cases, and 6 were from the County of Renfrew.						
(2) (a) Number of admissions of unmarried women,	.....	.....	.....	.....	.....	.....	29
(b) Number of admissions of married women,	.....	.....	.....	.....	.....	.....	21
(3) Total number of deliveries (including 1 case of twins)	.....	.....	.....	.....	.....	.....	51
(a) Full-term,	.....	.....	.....	.....	.....	.....	47
(b) Premature,	.....	.....	.....	.....	.....	.....	4
(4) (a) Number of normal deliveries without medical assistance,	.....	.....	.....	.....	.....	.....	40
(b) Number of normal deliveries with medical assistance,	.....	.....	.....	.....	.....	.....	6
(c) Number of abnormal deliveries,	.....	.....	.....	.....	.....	.....	5
	The abnormal deliveries were all Foreeps cases.						

(5)	Total number of Infants born,	.....	.....	.....	.....	51
(a)	Live infants,	.....	.....	.....	.....	48
(b)	Still-born infants,	.....	.....	.....	.....	3
(6)	Number of neo-natal deaths (deaths of infants under 8 days),	.....	.....	.....	.....	Nil
(7)	Number of maternal deaths,	.....	.....	.....	.....	Nil
(8)	Number of cases of maternal morbidity,	.....	.....	.....	.....	2
	B.M.A. standard (temperature reaching 100° F. or more on two or more occasions between the end of the 1st and the end of the 8th day after delivery).					
(a)	Normal deliveries,	.....	.....	.....	.....	2
(b)	Abnormal deliveries,	.....	.....	.....	.....	Nil

## PART II.

## STATISTICAL TABLES AND RETURNS.

## A.—MATERNITY AND CHILD WELFARE SCHEME.

## BIRTH STATISTICS.

	1934.
Total number of Births (corrected), .....	1600
Number of Illegitimate Births (corrected), .....	82
„ Births in 1-roomed houses, .....	184
„ Births in 2-roomed houses, .....	479
„ Births in 3- or more roomed houses, .....	172
„ Births in 1-roomed houses where the parents were lodgers, .....	1
„ Births in 2-roomed houses where the parents were lodgers, .....	83
„ Births in 3-roomed houses where the parents were lodgers, .....	45
„ Births in Barshaw Hospital, .....	587
„ Births in Other Institutions, .....	48
„ Births in Caravans, .....	9
„ Premature Births, .....	63
„ Infants " breast-fed " at first visit, .....	1265
„ Infants " bottle-fed " at first visit, .....	176
„ Infants partly breast and partly bottle-fed at first visit, .....	25

## STILL-BIRTHS DURING 1934 — Total 83.

## Probable Causes in 78 Cases.

Accident to Mother, .....	2	Placenta Prævia, .....	1
Accidental Hæmorrhage, .....	11	Prematurity, .....	12
Congenital Defects, .....	6	Prolapsed Cord, .....	3
Cord Round Neck, .....	1	Cause Unknown, .....	9
Instrumental Delivery, .....	10	Pernicious Anæmia, .....	1
Malpresentation, .....	8	Toxæmia, .....	1
Kidney Disease in Mother, .....	10		



## STATISTICS RELATING TO ANTE-NATAL CLINIC.

	1934.
Number of Sessions, .....	152
Number of expectant mothers attending .....	932
Total Attendances, .....	3950
Number of First Attendances, .....	781
Average Attendance per Session, .....	2

## Sources from which Cases were drawn:—

1. Recommended by midwives, .....	97
2. Referred from doctors, .....	75
3. Unrecommended, .....	560
4. Recommended by Public Health Staff, .....	46

## Classification of Conditions:—

Albuminuria, .....	84	Malposition of Gravid Uterus, .....	4
Anæmia, .....	7	Multiple Pregnancy, .....	5
Bronchial Catarrh, .....	9	Normal Pregnancy, .....	310
Contracted Pelvis, .....	53	Not Pregnant, .....	6
Dental Caries, .....	31	Pyelitis, .....	3
Debility, .....	18	Previous Miscarriages and	
Digestive Disturbances, .....	105	Still-births, .....	3
Doubtful Pregnancy, .....	2	Threatened Abortion or	
Gynæcological Conditions, .....	10	Miscarriage, .....	11
Malpresentation, .....	14	Tuberculosis, .....	7
Varicose Veins, .....	6	Venereal Disease, .....	5
Minor Ailments, .....	212	Vaginal Discharge — non-	
Cardiac Disease, .....	9	venereal, .....	18

131 cases were referred for treatment to the Ante-Natal Wards at Barshaw Hospital.

## THE RUSSELL INSTITUTE.

## CLINICS FOR MOTHERS AND CHILDREN.

	1934.
Number of sessions, .....	354
„ new patients attending, .....	1053
„ old patients re-attending, .....	1377
Total attendances, .....	12819
Average attendance per session, .....	36.21
Number of infants under 1 year attending, .....	975
„ children, 1-5 years, attending, .....	1455
„ illegitimate children attending, .....	—

## Methods of feeding of infants at first visit:—

1. Breast, .....	469
2. Bottle, .....	221
3. Breast and bottle, .....	16
Children attending once only, .....	190
Children referred to Hospitals, .....	268
Number of nursing mothers attending, .....	616
Total attendances of nursing mothers, .....	3337

## Classification of Cases according to Disease:—

### A—Children:—

Adenitis, .....	32	Infectious diseases, .....	20
Congenital Defects, .....	7	Injury, .....	6
Debility, .....	332	Intestinal Parasites, .....	40
Dental Caries, .....	153	Phimosi, .....	92
Diseases of the skin, .....	196	Prematurity and Birth	
Ear Affections, .....	41	Debility, .....	32
Throat and Nose Disorders, .....	113	Respiratory conditions, .....	220
Eye Conditions, .....	47	Rickets, .....	53
Engorged Breasts, .....	34	Surgical Conditions (exclud-	
Gastro Intestinal disorders, .....	233	ing Throat and Nose), .....	52
Genito urinary disorders, .....	24	Tuberculosis, .....	2
Icterus neonatorum, .....	7	Umbilical conditions, .....	38
Stomatitis, .....	5	Healthy children, .....	628
Birth Injury, .....	6	Mental defect, .....	3
Acquired Deformities, .....	4	Speech defects, .....	3
Diseases of the Nervous		Vaginitis—non-venereal, .....	2
System, .....	5		

### B—Nursing Mothers:—

Agalactia, .....	102	Tuberculosis, .....	1
Albuminuria, .....	1	Thrombophlebitis, .....	1
Anæmia, .....	4	Digestive disorders, .....	25
Cracked nipples, .....	5	Healthy, .....	275
Debility, .....	108	Mastitis, .....	12
Dental Caries, .....	14	Minor ailments, .....	57
Hæmorrhoids, .....	2	Respiratory conditions, .....	7
		Skin conditions, .....	2

## SUMMARY OF WORK AT DENTAL CLINIC.

	1928.	1929.	1930.	1931.	1932.	1933.	1934.
Total attendances, .....	867	1,128	1,223	1,200	947	694	1,006
Extractions, .....	683	876	856	919	645	488	917
Dressings, fillings, etc., .....	449	486	458	427	252	188	270
Number of new patients							
attending, .....	333	433	453	470	365	301	372

# LOCAL SUPERVISING AUTHORITY, MIDWIVES (SCOTLAND) ACT.

## EXTRACT FROM THE REPORT BY THE MEDICAL OFFICER FOR THE YEAR 1934.

### General Report on the Working of the Act.

Total number of Midwives on roll, .....	19
Number of Midwives holding C.M.B. Certificate, .....	10

The Assistant Medical Officer (M. & C.W.) paid 35 domiciliary visits to Midwives throughout the year, and also had 23 personal interviews at the Public Health Office; she reports that, in most cases, Registers, Bags, etc., were in satisfactory order.

Notifications of Ophthalmia Neonatorum numbered 36, as compared with 19 during the previous year. Of these, 20 occurred in the practice of midwives, compared with 13 during the previous year. In 28 cases, smears were taken for bacteriological examination, of which 12 were in the practice of midwives. 14 cases were found to be due to a gonococcal infection, of which none were in the practice of midwives. 14 cases were negative, and in the remaining 8 cases, all in the practice of midwives, no smear could be obtained owing to the absence of any discharge. 130 domiciliary visits were paid to these cases by the Assistant Medical Officer and the Health Visitors. 5 serious cases were referred to the local Eye Infirmary, while 1 severe case was admitted as an in-patient to the Infectious Diseases Hospital. No impairment of vision resulted in any case.

Co-operation between the midwives and the Public Health Department continues on satisfactory lines.

### Births in Area:

Total number of births during 1934, .....	1701
Total number of deaths of new-born children (within 10 days) during 1934, .....	39
Actual number of births attended by midwives during 1934, .....	603
Actual number of deaths of new-born children (within 10 days) occurring in the practice of midwives during 1934, .....	10

Actual number of cases not attended by a doctor or midwife during 1934:—

Births,	.....	.....	.....	.....	.....	0
Deaths,	.....	.....	.....	.....	.....	0

#### Cases of Ophthalmia Neonatorum.

Total number of cases during 1934,	.....	.....	.....	.....	.....	36
Actual number of cases occurring in the practice of midwives during 1934,	.....	.....	.....	.....	.....	20
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1934,	.....	.....	.....	.....	.....	0

#### Cases of Puerperal Sepsis:

Total number of cases during 1934,	.....	.....	.....	.....	.....	13
Total number of deaths during 1934,	.....	.....	.....	.....	.....	5
Actual number of cases occurring in the practice of midwives during 1934,	.....	.....	.....	.....	.....	7
Actual number of deaths occurring in the practice of midwives during 1934,	.....	.....	.....	.....	.....	2
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1934:—						
Cases,	.....	.....	.....	.....	.....	0
Deaths,	.....	.....	.....	.....	.....	0

#### Cases of Puerperal Pyrexia:

Total number of cases during 1934,	.....	.....	.....	.....	.....	29
Total number of deaths during 1934,	.....	.....	.....	.....	.....	4
Actual number of cases occurring in the practice of midwives during 1934,	.....	.....	.....	.....	.....	5
Actual number of deaths occurring in the practice of midwives during 1934,	.....	.....	.....	.....	.....	2
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1934:—						
Cases,	.....	.....	.....	.....	.....	0
Deaths,	.....	.....	.....	.....	.....	0

#### Cases of Still-Birth:

Total number of cases during 1934,	.....	.....	.....	.....	.....	83
Actual number of cases occurring in the practice of midwives during 1934,	.....	.....	.....	.....	.....	20

#### Cases of Emergency:

Number of cases in which medical practitioners were called in under Section 22 of the Act,	123
--	-----

# BARSHAW MATERNITY AND CHILD WELFARE HOSPITAL, PAISLEY.

Report for Year ending 31st December, 1934.

## Maternity Wards.

Number of admissions during 1934,	.....	.....	.....	688
Ante-Natal,	.....	.....	.....	183
Natal,	.....	.....	.....	485
Post-Natal,	.....	.....	.....	11
Abortions and Miscarriages,	.....	.....	.....	9

Average daily number of patients in residence :—

January,	.....	.....	.....	29.5	} 28.96
February,	.....	.....	.....	28.2	
March,	.....	.....	.....	29.2	
April,	.....	.....	.....	27.96	} 29.15
May,	.....	.....	.....	29.45	
June,	.....	.....	.....	30.06	
July,	.....	.....	.....	30.35	} 28.43
August,	.....	.....	.....	28.83	
September,	.....	.....	.....	26.13	
October,	.....	.....	.....	29.25	} 30.05
November,	.....	.....	.....	29.5	
December,	.....	.....	.....	31.4	

Source of cases admitted :—

From Ante-Natal Clinic at Russell Institute,	519
From Medical Practitioners :—	
Emergency cases,	60
Booked cases,	109
Total,	688

# **Ante-Natal Clinic at Barshaw Hospital** (for Doctors' cases only).

Number of patients sent by doctors (for consultation only), .....	2
Number of patients sent by doctors (for future confinement), .....	109
Number of consultations with these booked cases, .....	928
Total number of consultations, .....	930

<b>Number of Consultants' visits to Hospital,</b> .....	64
Major operations, .....	23
Minor operations, .....	22
Consultations, .....	152

Receipts from patients during the year 1934, £1126 14s. 11d.

## Ante-Natal Wards.

Number of cases admitted, .....	183
Number of maternal deaths, .....	3
Number of patients dismissed undelivered, .....	86
Number of patients delivered before dismissal, .....	95
Number of still-births, .....	6
Number of patients still in hospital, .....	2
Maternal mortality rate for patients treated in Ante-Natal Ward (3 deaths), .....	1.63%
Maternal morbidity rate for cases delivered (B.M.A. standard) (2 cases in 95 deliveries), .....	2.1 %
Maternal morbidity rate for cases with genital causes, .....	1.05%
Maternal morbidity rate for cases with extra genital causes, .....	1.05%
Still-birth rate for cases delivered (6 still-births), .....	6.3 %
Neo-natal death rate for cases delivered (death of infant before 8th day—4 deaths), .....	4.2 %



# **Ante-Natal Complications Treated in Hospital.**

Accidental Hæmorrhage, .....	2
Albuminuria, .....	25
Anæmia, .....	1
Breech presentation for version, .....	13
Cardiac Disease, .....	6
Chorea, .....	3
Contracted Pelvis, .....	19
Debility, .....	8
Eclampsia, .....	2
False Labour, .....	50
Glycosuria, .....	2
High Blood Pressure, .....	1
Hydramnios, .....	3
Hyperemesis, .....	3
Nephritis—Chronic, .....	1
Observation, .....	18
Oedema, .....	1
Operation, .....	3
Phlebitis, .....	1
Pulmonary Phthisis, .....	1
Pyelitis, .....	13
Vaginal Discharge—g.c.+, .....	1
Varicose Veins, .....	3
Vulvitis, .....	1

Total, ..... 181

## Still in Hospital:—

Hydatidiform mole, .....	1
Varicose Veins, .....	1

Total, ..... 183



## Ante-natal treatment—Continued.

Condition.	Result.	No.
Anæmia.	Dismissed well and undelivered, .....	1
No. 579.		
Cardiac.	Improved; dismissed undelivered to return in 10 days. Later re-admitted, .....	1
No. 105.		
No. 257.	Above patient (105). Re-admitted; later delivered by Classical Caesarean Section; sterilisation. Child alive and premature; N.P., .....	1
No. 246.	Extremely ill on admission; dismissed irregularly after 4 days' stay; undelivered and in statu quo, .....	1
No. 42.	Mitral regurgitation; general condition improved; later Classical Caesarean Section and sterilisation. Child alive and mature, N.P., .....	1
No. 269.	Acute pulmonary œdema on admission—improved; later Classical Caesarean Section and sterilisation. Child alive; N.P., .....	1
No. 600.	General condition improved; later Classical Caesarean Section and sterilisation. Child alive and premature. Died in 2 hours, N.P., .....	1
Chorea.	Improved; dismissed well, undelivered, .....	3
Contracted Pelvis.	For observation and examination—dismissed undelivered, .....	3
Nos. 52 and 152.	For observation; contracted outlet: later normal delivery and puerperium. Child alive and mature, .....	2
Nos. 27 and 442.	For observation; later normal delivery. Child alive and mature; N.P., .....	2
No. 507.	Generally contracted pelvis; later normal delivery but cord prolapsed. Child mature but still-born; N.P., .....	1
No. 452.	Trial labour; normal delivery with CHCl <sub>3</sub> for birth of head. Child alive and mature; N.P., .....	1
No. 561.	Observation; later forceps delivery; narrow outlet; double episiotomy. Child alive and mature; N.P., .....	1
No. 636.	Observation; later forceps delivery at term; contracted outlet and occipito-posterior. Child alive; N.P., .....	1
	For observation and trial labour; later Caesarean Section (lower uterine); Child alive; N.P., .....	4
No. 410.	Later Caesarean Section (lower uterine)—child alive but died in 2 days; N.P., .....	1
Nos. 368 and 225.	Later Classical Caesarean Section and sterilisation. Child alive; N.P., .....	2
No. 235.	For observation. Later Caesarean Section (lower uterine). Child alive (spina bifida); died later. Puerperium febrile; notified P.P. (also B.M.A.). Dismissed well, .....	1

## Ante-natal treatment—Continued.

Condition.	Result.	No.
Debility.	Dismissed improved and undelivered, .....	6
No. 499.	Improved. Later medical induction followed by normal full-time delivery. Child alive; N.P., .....	1
No. 504.	Improved; later normal full-time delivery. Child alive; N.P., .....	1
Eclampsia.	Admitted in eclampsia. No improvement.	
No. 109.	Died undelivered 18 hours after admission, .....	1
No. 637.	Admitted in eclampsia. Later went into labour. Normal delivery with $\text{CHCl}_3$ and fundal pressure. Improved. Dismissed well. Child alive, .....	1
False Labour.	Dismissed undelivered, .....	32
	Later normal full-time delivery. Child alive; N.P., .....	16
No. 390.	Later normal delivery. Chorion retained, removed manually under $\text{CHCl}_3$ . Child alive and premature; N.P., .....	1
No. 337.	Later forceps delivery—delayed 2nd stage and narrow outlet. Child alive; N.P., .....	1
Glycosuria.	Admitted with pruritus vulvæ—found to have glycosuria; improved and dismissed undelivered, sugar-free, .....	1
No. 63.	Improved. Later normal full-time delivery. child alive; N.P., .....	1
No. 164.	No improvement; later abdominal hysterotomy and sterilisation; N.P., .....	1
High Blood Pressure.		
No. 275.		
Hydramnios.	Marked degree of hydramnios, later normal delivery; child alive and mature (spina bifida); died in 7 hours; N.P., .....	1
No. 325.	Membranes ruptured artificially; later normal delivery (face presentation). Child premature, still-born, anencephalic, spina bifida, N.P., .....	1
No. 424.	Acute hydramnios and asthma, labour induced, normal premature delivery. Child still-born, anencephalic; N.P., .....	1
No. 41.	Improved. Dismissed well, .....	3
Hyperemesis.	Improved. Dismissed irregularly, .....	1
Nephritis-chronic.		
No. 219.		
Observation.	Dismissed well, undelivered, .....	5
No. 622.	For examination under $\text{CHCl}_3$ . Dismissed undelivered, .....	1
No. 271.	Pulmonary phthisis. Later transferred undelivered to Gockston. ....	1
No. 385.	No foetal movements and no foetal heart sounds. Dismissed undelivered to attend Ante-natal clinic, .....	1
No. 429.	Later normal premature delivery; child alive, N.P., .....	1

## Ante-natal treatment—Continued.

Condition.	Result.	No.
Nos. 280 and 653.	Later normal full-time delivery, child alive, N.P., .....	2
No. 242.	Admitted with oedema—later normal full-time delivery. Child alive. Puerperium febrile. notified P.P. also B.M.A., .....	1
No. 496.	Previous antepartum hæmorrhages—labour induced—normal delivery. Child alive; N.P., .....	1
No. 463.	Labour induced. Overdue. Normal delivery. Child alive. Puerperium febrile, notified P.P. —mastitis, .....	1
No. 647.	Obscure toxæmia—improved. Later normal delivery but shoulders impacted. Complete tear of perineum. Repaired under CHCl <sub>3</sub> ; N.P., .....	1
No. 308.	Later forceps delivery for prolonged 2nd stage, placenta manually removed. Child alive; N.P., .....	1
No. 563.	Previous still-birth with prolapse of cord. Slight C.P. Persistent oblique lie of foetus. Version unsuccessful in labour. Delivered by Caesarean Section (lower uterine). Child alive; N.P., .....	1
No. 248.	Medical induction; later normal delivery of twins; both alive and mature; N.P., .....	1
Oedema.	Dismissed irregularly in 3 days, undelivered, .....	1
No. 593.		
Operation.	Pulmonary phthisis—abdominal hysterectomy and sterilisation. Dismissed well, .....	2
Nos. 461 and 541.		
No. 619.	Recto-vaginal fistula repaired—later normal delivery. Child alive, slightly premature. N.P., .....	1
Pulmonary Phthisis.	See above, Nos. 461, 541, 271.	
No. 626.	Acutely ill on admission — improved — later delivered by Caesarean Section (Classical) and sterilised (1935). Child alive. Slight pyrexia in puerperium. Dismissed well, .....	1
Pyelitis.	Improved; dismissed undelivered, .....	6
Nos. 163 and 364.	Improved; later normal full-time delivery. Child alive; N.P., .....	2
No. 372.	Improved; later normal delivery of twins, both alive; N.P., .....	1
No. 161.	Improved; later normal full-time delivery; puerperium febrile, notified P.P. Irregular dismissal. Child alive, .....	1
No. 322.	Some improvement; later normal premature delivery. Puerperium febrile—notified P.P. child alive, .....	1

Ante-natal treatment—Continued.

Condition.	Result.	No.
No. 331.	No improvement, later normal premature delivery. Child alive. Puerperium afebrile but kidney condition unimproved. Transferred to R.A.I.,	1
No. 502.	Very ill on admission; later normal full-time delivery with $\text{CHCl}_3$ in 2nd stage. Child alive but developed erysipelas and died in Bridge Street Hospital. Dismissed well,	1
Phlebitis.	Improved; later developed pulmonary embolism and died undelivered,	1
No. 505.	Debility. Discharge g.c.+. Refused treatment at Craw Road. Dismissed undelivered,	1
Vaginal Discharge.	Dismissed, improved and undelivered,	2
No. 472.		
Varicose Veins.		
Nos. 318 and 566.		
No. 490.	Improved; later normal full time delivery. Child alive; N.P.,	1
Version.	Breech presentation — version performed. Dismissed undelivered,	4
No. 216.	Primiparous breech—spontaneous version; dismissed undelivered,	1
No. 2.	Version performed twice; dismissed undelivered,	1
No. 476.	Version performed but breech presentation recurred. Refused version again and went home undelivered. Re-admitted,	1
No. 497.	Version performed; later normal delivery. Child alive and mature; N.P.,	1
No. 642.	Version performed twice; membranes ruptured at 2nd version; followed by normal full-time delivery. Child alive; N.P.,	1
No. 591.	Version performed but breech recurred; later normal delivery of breech. Child alive and mature; N.P.,	1
No. 363.	Primiparous breech—version performed; later forceps delivery, contracted outlet. Child alive; N.P.,	1
No. 388.	Primiparous breech—version followed by forceps delivery on account of foetal distress. Child alive; N.P.,	1
No. 623.	Primiparous breech with extended legs, contracted pelvis, version unsuccessful. Delivered by Classical Caesarean Section. Child alive and premature; N.P.,	1
Salvitis.	Discharge g.c.—ive. Dismissed, improved and undelivered,	1
No. 606.		
Total,		181



## ABORTIONS AND MISCARRIAGES.

Type.	Result.	No.
Inevitable on Admission.	Completed naturally; N.P.,	5
No. 267.	Toxic on admission, complete miscarriage shortly after admission; febrile immediately; transferred to Bridge Street Hospital on 2nd day of puerperium—puerperal sepsis. Died there,	1
Threatened on Admission.	Later delivered normally; infant lived a few hours, N.P.,	1
No. 286.		
Incomplete on Admission.	Completed by digital curettage, dismissed irregularly on 13th day. Anæmic,	1
No. 551.		
Missed Abortion.	Became inevitable, later completed by digital curettage; N.P.,	1
No. 646.		
Total,		9

Maternal Deaths after abortion or miscarriage,	1
Puerperal Sepsis after miscarriage,	1
Puerperal Morbidity after abortion,	1
Number of notifiable pyrexias following abortion or miscarriage,	0

## NATAL CASES.

Total number of deliveries,	584
Full term,	534
Premature (including 2 sets of twins),	47
Abdominal Section and non-viable child,	3
Number of abnormal deliveries,	113
Forceps (52),	46%
Cæsarean Section (17),	15%
Craniotomy (3),	2.6%
Embryotomy (2),	1.76%
Death rate for abnormal deliveries (3),	2.65%

## ABNORMAL DELIVERIES.

Causes :—

Abnormal 3rd stage in spontaneous delivery of child, .....	19
Accidental hæmorrhage, .....	8
Breech presentation, .....	7
Cardiac disease, .....	4
Contracted pelvis, .....	23
Face presentation, .....	1
High blood pressure, .....	1
Hydrocephalus, .....	1
Occipito-posterior, .....	8
Placenta prævia, .....	1
Protracted labour requiring craniotomy, .....	2
Protracted labour requiring forceps delivery, .....	26
Pulmonary phthisis, .....	2
Rigid cervix, .....	6
Transverse presentation, .....	3
Uterine Inertia requiring forceps delivery, .....	1
<hr/>	
Total, .....	113

---

## DETAILS OF ABNORMAL DELIVERIES.

Condition.	Result.	No.
Abnormal 3rd stage in spontaneous delivery of child.	Normal full term delivery of living child; manual removal of part of membranes; N.P.,	8
Nos. 390 and 111.	Normal delivery; membrane (part) manually removed. Child alive and premature; N.P.,	2
No. 676.	Normal full-time delivery but some difficulty with shoulders; uterus explored for retained membrane. Child alive; N.P.,	1
No. 236.	Normal full-time delivery; placenta retained and manually removed. Child alive; N.P.,	1
	Normal delivery; some P.P.H. Child alive and mature; N.P.,	3
Nos. 96 and 187.	Normal delivery followed by P.P.H. some hours later. Child alive; one full-time, one premature; N.P.,	2
No. 548.	Normal delivery, some P.P.H. Child alive and mature. Tachycardia in puerperium. Transferred to R.A.I. for investigation of cardiac condition,	1
No. 104.	Normal full-term delivery followed by severe P.P.H. Child alive. Phlebitis in puerperium, no pyrexia,	1
Accidental Hæmorrhage.	Admitted in labour with accidental hæmorrhage; normal premature birth. Child alive: N.P.,	1
No. 352.		
Nos. 402 and 521.	Admitted in labour with slight accidental hæmorrhage; normal premature birth. Child alive, but died later; N.P.,	2
No. 117.	Accidental hæmorrhage; labour induced; later normal delivery of premature child which died on 4th day; N.P.,	1
	Admitted in labour with accidental hæmorrhage; normal premature delivery. Child still-born; N.P.,	3
No. 23.	Admitted in labour, hydramnios and accidental hæmorrhage; child premature, still-born, hydrocephalic; Puerperium normal apart from anæmia,	1
Breech Presentation.	Normal delivery of breech with extended arms. Child alive and mature; N.P.,	1
No. 324.		
No. 366.	Normal delivery of breech in a primigravida—legs extended. Child alive and mature; N.P.,	1
No. 165.	Manual delivery of frank breech in a primigravida. Child alive and premature; N.P.,	1
No. 99.	Normal delivery of breech footling in a primigravida, CHCl <sub>3</sub> required. Child alive and mature; N.P.,	1

## Details of Abnormal Deliveries—Continued.

Condition.	Result.	No.
No. 298.	Normal delivery of breech with extended legs in a primigravida, CHCl <sub>3</sub> for delivery of head. Child alive and premature; N.P., .....	1
No. 19.	Admitted in labour with arm presenting; Internal version performed and delivered as breech. Child alive and premature; N.P., .....	1
No. 482.	Twin pregnancy; 1st child born at home. Admitted then, 2nd child lying transversely with arm prolapsed, version performed and child delivered as breech. Child mature and still-born but was dead before delivery; N.P., .....	1
Cardiac Disease.	In Ante-natal, later Classical Caesarean Section and sterilisation. Child alive, very premature; N.P., .....	1
No. 600.	In Ante-natal for about 6 months of her pregnancy; first pregnancy to go almost to term. Later Classical Caesarean Section and sterilisation. Child alive and slightly premature; N.P., .....	1
No. 257.	Mitral regurgitation, primigravida. Delivered by Classical Caesarean Section and sterilised. Child alive and mature; N.P., .....	1
No. 42.	Admitted with acute pulmonary oedema, also cardiac disease. Improved. Later delivered by Classical Caesarean Section and sterilised; N.P., .....	1
No. 269.	Classical Caesarean Section and sterilisation at term. Child alive; N.P., .....	2
Contracted Pelvis.	Breech with extended legs in a primigravida with contracted pelvis, version unsuccessful. Later Classical Caesarean Section. Child alive and premature; N.P., .....	1
Nos. 225 and 368.	Trial labour followed by Caesarean Section (lower uterine segment operation). Child alive and mature, N.P., .....	6
No. 623.	Trial labour followed by Caesarean Section (lower uterine). Child alive and premature, N.P., .....	1
No. 305.	Trial labour followed by Caesarean Section (lower uterine). Child alive and mature (spina bifida). Puerperium febrile. Notified P.P., also B.M.A., .....	1
No. 235.	Contracted pelvis, forceps delivery. Child alive and mature; N.P., .....	1
No. 83.	Primigravida of 42 with contracted pelvis. Admitted when child passing meconium; forceps delivery at once but child still-born. Puerperium normal but protracted, .....	1
No. 387.		

## Details of Abnormal Deliveries—Continued.

Condition.	Result.	No.
No. 197.	High forceps delivery. Child alive and mature, N.P., .....	1
No. 414.	Contracted pelvis, very difficult forceps. old tear of cervix enlarged into broad ligament. Paramentritis and peritonitis supervened. Died on 7th day of puerperium. Child mature, still-born, .....	1
No. 290.	Contracted outlet. Difficult high forceps; episiotomy. Child alive and mature; N.P., .....	1
No. 85.	Contracted outlet and rigid perineum; low forceps, some P.P.H. Child alive and mature. Dismissed irregularly but puerperium N. until dismissal, .....	1
	Contracted outlet; forceps delivery with double episiotomy. Child alive and mature; N.P., .....	3
No. 24.	Contracted outlet, low forceps delivery. Child alive and mature; N.P., .....	1
No. 363.	Primigravida admitted for version. later forceps delivery for contracted outlet. Child alive and mature; N.P., .....	1
No. 115.	Contracted pelvis, normal birth of head but shoulders impacted. Child alive and mature; N.P., .....	1
Face Presentation.	Impacted face presentation—right mento-posterior—forceps unsuccessful at home. On admission collapsed and much shocked. Threatened rupture of uterus. Rallied. Thereafter craniotomy performed. Child mature, still-born; N.P., .....	1
No. 658.	Abdominal hysterotomy and sterilisation; N.P., .....	1
High Blood Pressure.		
No. 275.		
Hydrocephalus.	Admitted in labour with hydrocephalic head born and shoulders impacted. Cleidotomy performed and shoulders delivered with difficulty. Died on 4th day of puerperium (see Maternal Death). Child still-born; post-mature, .....	1
No. 659.		
Occipito-Posterior Position.	Contracted outlet—occipito-posterior—manual rotation impossible, forceps delivery. Child alive and mature; N.P., .....	1
No. 636.		
No. 503.	Manual rotation and delivery by forceps. Child alive and mature; N.P., .....	1
No. 375.	Persistent occipito-posterior; forceps delivery. Child alive and mature; N.P., .....	1
No. 130.	Persistent occipito-posterior, forceps delivery. Child alive and mature. Irregular dismissal on 11th day of puerperium, .....	1
No. 446.	Persistent occipito-posterior, forceps delivery. Child alive and mature. Albuminuria and pyelitis in puerperium, .....	1

## Details of Abnormal Deliveries—Continued.

Condition.	Result.	No.
No. 453.	Partial rotation—forceps delivery. Child alive and mature; N.P., ..... 1	1
No. 498.	Rigid cervix and partially rotated head; forceps delivery. Child mature, still-born. Notified P.P. pyelitis, ..... 1	1
No. 494.	Rigid cervix and persistent occipito-posterior. Cervix incised, head manually rotated and delivered with forceps. Child alive, premature; N.P., ..... 1	1
Placenta Prævia. No. 94.	Central placenta prævia; Classical Caesarean Section and sterilisation (11th pregnancy). Child premature, still-born; N.P., ..... 1	1
Protracted Labour Requiring Craniotomy. No. 574.	Albuminuria—delayed labour—collapse under anæsthetic for forceps delivery—craniotomy at once. Sudden collapse and death on 1st day of puerperium (mesenteric thrombosis). Child mature, still-born. .... 1	1
No. 360.	12th pregnancy, children getting larger with each pregnancy, slight degree of pelvic contraction; failed forceps at home. Craniotomy performed. Child mature and still-born; N.P., ..... 1	1
Protracted Labour Requiring. Forceps Delivery. Nos. 439 and 682.	Foetal distress necessitated low forceps delivery. Child alive and mature; N.P., ..... 2	2
No. 345.	Ante-natal albuminuria, later forceps delivery on account of foetal distress. Child mature and still born; N.P., ..... 1	1
No. 443.	Forceps delivery, foetal distress and narrow outlet. Child mature and still-born. Dismissal delayed on account of skin condition, ..... 1	1
No. 388.	Ante-natal breech (primiparous). Version performed, later forceps delivery for foetal distress. Child alive and mature; N.P., ..... 1	1
No. 540.	Failed forceps at home, forceps delivery in hospital. Child alive and mature; N.P., ..... 1	1
	Protracted 2nd stage requiring forceps delivery. Child alive and mature; N.P., ..... 13	13
Nos. 337 and 549.	Protracted 2nd stage and contracted outlet, and forceps delivery. Child alive and mature; N.P., ..... 2	2
No. 160.	Threatened eclampsia and very protracted 2nd stage, forceps delivery immediately after admission. Child alive and mature; N.P., ..... 1	1
No. 335.	Ante-natal albuminuria, later forceps delivery on account of foetal distress. Child alive and mature,; N.P., ..... 1	1

## Details of Abnormal Deliveries—Continued.

Condition.	Result.	No.
No. 523.	Ante-natal albuminuria, later forceps delivery, delayed 2nd stage and contracted outlet. Child alive and mature. Puerperium normal until 14th day when albuminuria recurred. Patient went home irregularly on 15th day,	1
No. 308.	Ante-natal for observation, later forceps delivery for prolonged 2nd stage, placenta retained and manually removed. Child alive and mature; N.P.,	1
No. 557.	In labour—albuminuria. Forceps delivery; delayed 2nd stage and narrow outlet. Child alive and mature. Slight pyrexia in puerperium due to pyelitis,	1
Pulmonary Phthisis.	Abdominal hysterotomy and sterilisation. Uneventful recovery,	2
Nos. 461 and 541.		
Rigid Cervix.	Slow dilatation; low forceps delivery. Child alive and mature; N.P.,	3
No. 411.	High forceps delivery; child alive and mature; N.P.,	1
No. 250.	Ante-natal false labour with albuminuria; later forceps delivery, slow dilatation; child alive and mature; N.P.,	1
No. 348.	Rigid cervix and contracted outlet; forceps delivery. Child alive and mature. Puerperium febrile—notified P.P. also B.M.A.—pyelitis and tonsillitis,	1
Transverse Presentation.	Previous radium treatment—cervix rigid—version unsuccessful several times, embryotomy performed with great difficulty. Severe P.P.H. on two occasions in puerperium. Dismissed well. Child premature, still-born,	1
No. 516.		
No. 563.	Prolapse of cord in previous pregnancy. Persistent oblique lie of foetus in this (2nd) pregnancy. Version unsuccessful in labour. Delivered by Caesarean Section (lower uterine). Child alive and mature; N.P.,	1
No. 688.	Arm and shoulder presentation, very strong contractions, incomplete tear of lower uterine segment, decapitation and perforation of head. Child premature and still-born; N.P.,	1
Uterine Inertia.	Forceps delivery. Child alive and mature; N.P.,	1
No. 572.		
Total.		113



<b>Number of Spontaneous Deliveries,</b>	.....	.....	.....	471
Presentations :— Breech,	.....	.....	.....	4
Face,	.....	.....	.....	2
Twins,	.....	.....	.....	6
Vertex,	.....	.....	.....	459
Number of spontaneous deliveries at which medical assistance was not required,	.....	.....	.....	354
Number of spontaneous deliveries at which medical assistance was required,	.....	.....	.....	117
Number of deaths in spontaneous deliveries,	.....	.....	.....	0
Conditions requiring medical assistance at spontaneous deliveries :—				
Anæsthesia—2nd stage,	.....	.....	.....	17
Breech presentation,	.....	.....	.....	4
Episiotomy,	.....	.....	.....	3
Face presentation,	.....	.....	.....	1
Perineal repair and vaginal stitches,	.....	.....	.....	88
Persistent occipito-posterior,	.....	.....	.....	1
Prolapsed cord,	.....	.....	.....	3
				<hr/>
Total,	.....	.....	.....	117
<b>Total number of cases of Twins,</b>	.....	.....	.....	6
Full-term,	.....	.....	.....	4
Premature,	.....	.....	.....	2
Live infants,	.....	.....	.....	12
Still-born infants,	.....	.....	.....	0
Spontaneous delivery of both,	.....	.....	.....	6
Abnormal delivery of one twin,	.....	.....	.....	1
(1st child born at home.)				
<b>Total number of Infants born,</b>	.....	.....	.....	587
Live infants,	.....	.....	.....	553
Still-born infants,	.....	.....	.....	34
<b>Causes of Still-Births :—</b>				
Ante-partum hæmorrhage in mother,	.....	.....	.....	7
Anencephalic foetus,	.....	.....	.....	1
Anencephalic foetus and hydramnios in mother,	.....	.....	.....	2
Dystocia :—				
Failed forceps at home—craniotomy,	.....	.....	.....	1
Failed forceps at home—face craniotomy,	.....	.....	.....	1
Impacted shoulders—hydrocephalic,	.....	.....	.....	1
Protracted labour—craniotomy,	.....	.....	.....	1
Protracted labour and forceps delivery,	.....	.....	.....	4
Shoulder presentation—decapitation,	.....	.....	.....	—

Transverse presentation—delivered by breech,	1
Transverse presentation—embryotomy,	1
Hydrocephalus,	1
Kidney disease in mother,	4
Monster—mermaid,	1
Normal delivery—no cause found,	2
Normal delivery—previous version,	2
Prolapsed cord,	2
Placenta prævia,	1
Total,	34

**Number of Deaths of Infants under 8 days (neo-natal deaths),** ..... 17

Causes:—

Ante-partum hæmorrhage in mother,	2
Cardiac disease in mother,	1
Congenital debility,	3
Obstructive jaundice,	1
Prematurity and congenital debility,	8
Spina bifida,	2
Total,	17

<b>Still-birth rate</b> for total number of children born (34 still-births in 587 births),	5.8%
<b>Neo-natal death rate</b> for total number of children born (17 deaths in 533 live births),	3.07%
<b>Maternal mortality rate</b> for total number of admissions (7 deaths at Barshaw in 688 cases),	1.018%
<b>Maternal mortality rate</b> per 1,000 live births (8 deaths in 533 live births. This figure includes 7 deaths at Barshaw and one death after removal to Isolation Hospital),*	14.4%
Maternal morbidity rate for total number of deliveries (8 pyrexias in 584 deliveries),	1.37%
Maternal morbidity rate for normal deliveries (6 pyrexias in 471 deliveries),	1.28%
Maternal morbidity rate for normal deliveries from genital causes only (1 pyrexia),	0.21%
Maternal morbidity rate for abnormal deliveries (2 pyrexias in 113 deliveries),	1.77%
Maternal morbidity rate for abnormal deliveries from genital causes only (1 pyrexia),	0.88%

\* See under Puerperal Fever. N. 267.

## PUERPERAL MORBIDITY.

Puerperal morbidity (B.M.A. standard) — temperature reaching 100 degrees F. or more, on two or more occasions between the end of the first and the end of the eighth day after delivery.

Number of cases of puerperal fever, .....	3
Number of cases of puerperal morbidity (B.M.A. standard), .....	8
Number of cases of puerperal morbidity after normal delivery, .....	6
Number of cases of puerperal morbidity after abnormal delivery, .....	2

### Classification of causes.

(1) Extra-genital causes, .....	6
(2) Genital causes in normal deliveries, .....	1
(3) Genital causes in abnormal deliveries, .....	1

### Extra-genital causes.

Anaemia, .....	1
No apparent disease, .....	1
Cardiac and ? T.B. Chest, .....	1
Pyelitis, .....	3
Total, .....	6

### Genital Causes in normal deliveries.

Mild sapraemia, .....	1
-----------------------	---

### Genital Causes in abnormal deliveries.

Abdominal distension following Caesarean Section, .....	1
Number of cases of puerperal morbidity which were notifiable as Puerperal Pyrexia, .....	8

## DETAILS OF CASE OF PUERPERAL MORBIDITY WITH GENITAL CAUSES AFTER NORMAL DELIVERY.

No. 215.	Admitted in labour; prolapsed cord—no pulsation on admission—normal delivery—pyrexia immediately after delivery for 5 days—mild sapraemia. Dismissed well on 15th day, .....	1
----------	--	---

## DETAILS OF CASE OF PUERPERAL MORBIDITY WITH GENITAL CAUSES AFTER ABNORMAL DELIVERY.

No. 235.	Ante-natal observation—contracted pelvis. Later Caesarean Section—lower uterine—pyrexia began on 1st day and lasted until 6th day—scanty lochia and abdominal distension—dismissed well on 25th day, .....	1
----------	--	---

## DETAILS OF CASES OF PUERPERAL FEVER.

No. 267.	Admitted very ill—in labour—complete miscarriage—febrile immediately—transferred to Bridge Street Hospital on 2nd day—died there, _____	1
No. 414.	In labour—contracted pelvis—very difficult forceps—old cervical tear enlarged into broad ligament—parametritis and peritonitis—febrile immediately after delivery—died on 7th day of puerperium, _____	1
No. 659.	In labour—admitted with hydrocephalic head born and shoulders impacted—delivered of 12lb. infant macerated and foul-smelling. Febrile on 3rd day of puerperium, very toxic. Died on 4th day—sapræmia and putrid endometritis, _____	1
Total, _____		3

## PUBLIC HEALTH (PUERPERAL FEVER AND PUERPERAL PYREXIA) REGULATIONS (Scotland), 1929

In these regulations, the standard of pyrexia is defined as 100.4 degrees Fahrenheit continuing for 24 hours during the first twenty-one days after delivery or recurring during that period.

Total number of cases of puerperal pyrexia notified, .....	18
Total number of cases after normal delivery, .....	15
Total number of cases after abnormal delivery, .....	3

### Classification of Causes:—

(1) Extra-genital, .....	16
(2) Genital causes in normal deliveries, .....	1
(3) Genital causes in abnormal deliveries, .....	1

### Extra-genital Causes:—

Anæmia, .....	1
Cardiac and ? T.B. Chest, .....	1
Mastitis, acute and sub-acute, .....	7
No apparent disease, .....	2
Pyelitis, .....	5
Total, .....	—

### Genital Causes in Normal Deliveries:—

Mild sapræmia, .....	1
----------------------	---

### Genital Causes in Abnormal Deliveries:—

Abdominal distension following Caesarean Section, .....	1
---	---

## DETAILS OF CASES WITH GENITAL CAUSES IN NORMAL AND ABNORMAL DELIVERIES.

Nos. 235 and 245. See particulars under Maternal Morbidity, ..... 2

### POST-NATAL ADMISSIONS.

Condition.	Result.	No.
Born before arrival.	Placenta delivered in hospital; N.P., .....	3
Child born at home.	Perineal repair in hospital; N.P., .....	2
Eclampsia post-partum.	Delivered at home—admitted 9 hours after delivery in eclampsia—no response to treatment. Died 1 hour 20 mins. after admission, .....	1
No. 550.		
No. 617.	Delivered at home—admitted in eclampsia 1½ hours after delivery. Good response to treatment. Dismissed well on 28th day of puerperium, .....	1
Post-partum Hæmorrhage.	Normal delivery at home; N.P., .....	3
Retained Placenta.	Delivered at home—forceps—placenta very adherent—uterus full of clot—patient very collapsed on admission—rallied—placenta removed—collapsed later and died 2½ hours after admission, .....	1
No. 462.		
	Total, .....	11

### MATERNAL DEATHS AT BARSHAW HOSPITAL.

Deaths at Barshaw Hospital, .....	7
Emergency Cases (of which 3 died in less than 24 hours after admission), .....	4
Booked Cases (of which 2 died suddenly)—(Nos. 505 and 574), .....	3

#### Details of Maternal Deaths at Barshaw Hospital.

Eclampsia Ante-natal.	Admitted in eclamptic fit—fits repeatedly recurred—in spite of active treatment died 18 hours after admission—undelivered, .....	1
No. 109.		
Post-partum Eclampsia.	Delivered at home—admitted in eclampsia 9 hours after delivery—no response to treatment. died 1 hour 20 mins. after admission, .....	1
No. 550.		

Peritonitis. No. 414.	Admitted in labour—contracted pelvis—seven instrumental deliveries previously—difficult forceps delivery — shoulders impacted — never rallied and died on 7th day of puerperium, ..... 1
Retained Adherent Placenta. No. 462.	Delivered at home, forceps and episiotomy—placenta retained—effort at removal unsuccessful—on admission treated for shock and later placenta removed, very adherent—uterus full of clot—patient collapsed and in spite of treatment died 2½ hours after admission, ..... 1
Pulmonary Embolism. No. 505.	Admitted to Ante-natal with severe phlebitis—improved. Later developed pulmonary embolism (confirmed at P.M.) and died undelivered, ..... 1
Mesenteric Thrombosis. No. 574.	Ante-natal albuminuria—later delayed labour—collapse under anæsthetic—craniotomy. Rallied. Suddenly collapsed and died on 1st day of puerperium. At P.M. mesenteric thrombosis. No gross disease in kidneys. .... 1
Sapraemia. No. 659.	Admitted in labour with shoulders impacted and hydrocephalic head born—delivered with difficulty—child 12lbs.—very foul smelling and macerated—slight pyrexia on 3rd day of puerperium—became very drowsy and looked toxic. Gradually became comatose and died on 4th day of puerperium. Probably a septic endometritis, ..... 1
Total, ..... 7	

# BARSHAW MATERNITY AND CHILD WELFARE HOSPITAL, PAISLEY.

## Report for the year 1934.

### CHILDREN'S WARD.

Number of admissions during 1934, .....	248
Medical cases, .....	51
Surgical cases, .....	197

#### Source of cases:—

Recommended from Child Welfare Clinic, .....	163
Recommended by Doctors, .....	40
Transferred from Maternity Wards (on mother's discharge from hospital), .....	38
Admitted with mother, .....	6
Transferred from Gockston Hospital, .....	1

#### Average daily number in residence:—

January, .....	15.5	} 14.8
February, .....	15.6	
March, .....	13.3	
April, .....	9.4	} 8.69
May, .....	10.45	
June, .....	6.23	
July, .....	6.12	} 5.85
August, .....	6.4	
September, .....	5.03	
October, .....	9.0	} 10.69
November, .....	11.9	
December, .....	11.19	

#### Average period of residence:—

Medical cases, .....	21.78 days
Surgical cases, .....	9.1 days

#### Age periods of children admitted:—

Medical cases, .....	51	Surgical cases, .....	197
0-1, .....	51	0-1, .....	48
1-2, .....	0	1-2, .....	28
2-3, .....	0	2-3, .....	31
3-4, .....	0	3-4, .....	51
4-5, .....	0	4-5, .....	39



**Medical cases admitted:—**

Condition.	Result.	No.
Born before arrival, .....	Dismissed well, .....	2
Conjunctivitis, .....	Dismissed well, .....	1
Debility and Vomiting, .....	Dismissed well, .....	3
Debility and Vomiting, .....	Died, .....	2
Feeding, .....	Dismissed well, .....	11
Feeding, .....	Died, .....	1
Enteritis, .....	Dismissed well, .....	5
Pemphigus, .....	Dismissed well, .....	1
Prematurity, .....	Dismissed improved, .....	13
Prematurity, .....	Died, .....	7
Skin Condition, .....	Dismissed well, .....	3
Total, .....		51

**Deaths in Medical Ward:—**

Debility and Vomiting, .....	3
Prematurity, .....	7
Total, .....	10

**Surgical cases admitted, .....** 197

Patients operated on, .....	168
Patients not operated on, .....	29
Unfit for operation, .....	24
Operation not necessary, .....	3
Transferred to Bridge Street Hospital, .....	1
Died, .....	1
Total, .....	29

**Deaths in Surgical Ward:—**

Tonsillectomy—later acidosis—pneumonia—died suddenly on day after operation, .....	1
Strangulated Hernia—operation necessary later bronchitis and marasmus—died 27 days after operation, .....	1
Spina Bifida—not operable—gradually lost weight and died at 3 weeks, .....	1
Total, .....	3

Patients (babies) transferred from Maternity wards for observation (1 died), .....	2
--	---

<b>Total number of Surgical Operations,</b> .....	212
Number of operations on indoor patients, .....	175
Number of operations on outdoor patients, .....	37

#### Conditions operated on:—

Abscesses, .....	9
Adenoids, .....	1
Cleft Palate, .....	2
Cleft Palate—stitches removed, .....	3
Cephalhæmatoma—aspiration, .....	2
Fractured skull, .....	1
Fraenum snipped and stitched, .....	1
Granuloma of neck, .....	1
Hydrocele aspirated, .....	2
Harelip, .....	1
Harelip—stitches removed, .....	1
Hernia—inguinal, .....	17
Mastitis—incised, .....	1
Nævus—excised, .....	2
Nodule of face, .....	1
Phimosis—circumcision, .....	48
Phimosis—dilatation, .....	5
Plasters, .....	15
Talipes—manipulation, .....	1
Talipes—tendon lengthening and plaster, .....	2
Talipes—stitches removed and plaster, .....	2
Tonsils and adenoids, .....	90
T.B. gland, .....	1
Umbilical fistula—excised, .....	1
Wedge excised from lower lip, .....	1
Stitches from above, .....	1
<b>Total,</b> .....	212

<b>Number of Consultations with Surgical Specialist,</b> .....	87
Number of children transferred from hospital with infectious disease, .....	5
Diphtheria, .....	1
Measles, .....	1
Scarlet Fever, .....	2
Whooping Cough, .....	1

# INFECTIOUS DISEASES.

## 1.—Return of Cases of Infectious Disease Notified, etc., during the year ended 31st December, 1934.

Disease.	Number of Cases coming to the knowledge of the Medical Officer of Health.									
	At Age—Years.								Cases removed to Hospital.	Cases not re-moved to Hospital.
	At all Ages.	Under 1.	1 and Under 5.	5 and Under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.		
	1	2	3	4	5	6	7	8	9	10
<b>A.—Diseases specified in the Infectious Disease (Notification) Act, 1889, and Diseases notifiable in terms of Regulations made under Section 78 of the Public Health (Scotland) Act, 1897.</b>										
Typhoid or Enteric Fever, ...	—	—	—	—	—	—	—	—	—	—
Typhus Fever, ...	—	—	—	—	—	—	—	—	—	—
Smallpox, ...	—	—	—	—	—	—	—	—	—	—
Sarlet Fever or Scarletina, ...	707	8	220	382	49	42	6	—	603	99
Diphtheria and Membranous Croup, ...	356	6	73	200	45	27	5	—	350	6
Erysipelas, ...	88	3	2	3	8	25	36	11	46	42
Puerperal Fever, ...	13	—	—	—	2	—	—	—	11	2
Cholera, ...	—	—	—	—	—	—	—	—	—	—
Relapsing Fever, ...	—	—	—	—	—	—	—	—	—	—
Continued Fever, ...	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum, ...	37	37	—	—	—	—	—	—	—	37
Infective jaundice, ...	—	—	—	—	—	—	—	—	—	—
Malaria, ...	—	—	—	—	—	—	—	—	—	—
Dysentery, ...	1	—	—	—	—	1	—	—	1	—
Acute poliomyelitis, Encephalitis lethargica, ...	—	—	—	—	—	—	—	—	—	—
Acute primary pneumonia, ...	491	78	123	95	38	54	43	60	278	213
Acute influenzal pneumonia, ...	9	—	—	1	3	3	1	1	4	5
Puerperal Pyrexia, ...	28	—	—	—	15	13	—	—	14	14
Plague, ...	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal fever, ...	13	5	1	2	3	2	—	—	10	3
Pulmonary Tuberculosis, ...	96	—	1	8	35	37	15	—	*85	11
Non-pulmonary tuberculosis, ...	56	3	9	13	17	9	3	2	*33	23
Total, ...	1895	140	429	704	215	224	109	74	1440	455

\*4 Cases notified in a previous year and removed to hospital for the first time during 1934.

**B.—Diseases to which the Provisions of the Infectious Disease (Notification) Act have been extended by the Local Authority.**

Pneumonia (not otherwise notifiable), ...	62	3	48	11	—	—	—	—	54	8
---	----	---	----	----	---	---	---	---	----	---

**C.—Notified under Local Provisions, not under the Infectious Disease (Notification) Act, 1889.**

Measles, ...	984	38	353	591	1	—	1	—	23	961
Whooping Cough, ...	94	8	42	44	—	—	—	—	5	89
Mumps, ...	44	—	5	38	—	1	—	—	—	44
Chickeupox, ...	569	15	117	437	—	—	—	—	1	568

**II.—State Name of Hospital or Hospitals in which Cases were Treated.**

Infectious Diseases Hospital, Paisley; Gockston Hospital (Sanatoria), Paisley; Craw Road Sanatorium, Paisley; Sanatoria of Scotland, Bridge of Weir; Craw Road Hospital (Pneumonia), Paisley; Royal Alexandra Infirmary (Pneumonia), Paisley; Auchentorlie House (Pneumonia), Paisley; Woodside House (Pneumonia), Paisley; Barshaw Maternity Hospital (Puerperal Pyrexia), Paisley.

**III.—Venereal Disease.**

Note.—As hitherto, a report on the work of each treatment centre is to be given on Form V.R. 1, which will be issued separately.

**FREE SUPPLY OF ARSENOBENZENE COMPOUNDS TO GENERAL PRACTITIONERS.**

1. Number of doses issued to general practitioners in 1934, ..... 151
2. Number of general practitioners to whom supplies were issued in the year, ..... 8

# TUBERCULOSIS—STATISTICAL RETURNS, 1934.

## I.—Return of Cases of Tuberculosis notified during the year.

Number of Cases notified as Suffering from Tuberculosis.									Number of cases notified during year in which diagnosis of Tuberculosis has been confirmed.		
AGE—GROUPS.											
1	2	3	4	5	6	7	8		9	10	11
Under 5.	5 and 10.	10 and 15.	15 and 25.	25 and 35.	35 and 45.	45 and 65.	65 and upwards.		Total.	Under 15.	15 and upwards.
1	2	3	4	5	6	7	8		9	19	11
Pulmonary—											
Males,	—	2	1	13	10	13	11	—	50	2	46
Females,	1	2	3	22	13	1	4	—	46	6	39
Non-pulmonary,											
Males,	9	5	2	5	4	1	2	1	29	13	13
Females,	3	3	3	12	2	2	1	1	27	9	17

## II.—Return showing the Number of Cases which received Treatment under the Tuberculosis Scheme in Sanatoria or other Institutions during the year.

NUMBERS OF PATIENTS.								
			In Institu- tions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institu- tions on December 31.	
			1	2	3	4	5	6
Pulmonary—								
Adults,								
Males,	...	...	25	61	49	9	7	21
Females,	...	...	26	59	43	9	6	27
Children,								
Males,	...	...	1	1	2	—	—	—
Females,	...	...	1	6	4	1	—	2
Non-pulmonary,								
Adults,								
Males,	...	...	5	9	7	1	—	6
Females,	...	...	1	5	5	—	—	1
Children,								
Males,	...	...	6	9	6	—	—	9
Females,	...	...	1	4	1	—	—	4
Total,	...	...	66	154	117	20	13	70

III.—Return of Number of Persons Resident in the Area at 31st December, 1934, who were known to be suffering from Tuberculosis.

		Number of Cases in Age Groups.								
		Under 5.	5 and under 10.	10 and under 15.	15 and under 25	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards.	Total.
Pulmonary.										
Sputum not present, ...	M.	5	3	4	8	4	—	3	—	27
	F.	4	4	2	10	12	2	1	1	36
Sputum present but not examined, ... ..	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
Sputum examined and tubercle bacilli found,	M.	—	—	2	20	24	14	11	—	71
	F.	—	—	2	28	20	13	4	—	67
Sputum examined and tubercle bacilli never found, ... ..	M.	—	10	6	27	33	26	27	1	130
	F.	—	13	4	35	26	14	10	3	105
		9	30	20	128	119	69	56	5	436
Non-Pulmonary.										
Abdominal, ... ..	M.	15	12	10	7	1	1	—	—	46
	F.	11	8	9	11	1	3	—	—	43
Spine, ... ..	M.	3	2	1	3	1	1	1	—	12
	F.	3	2	—	1	2	—	1	—	9
Bones and Joints (exclusive of Spine), ...	M.	9	13	10	22	5	1	2	—	62
	F.	7	9	12	9	1	2	—	—	40
Superficial Glands, ...	M.	10	19	9	13	8	—	1	—	60
	F.	12	16	10	15	8	1	—	—	62
Lupus, ... ..	M.	—	1	1	—	—	—	—	—	2
	F.	—	—	1	1	—	—	—	—	2
Other parts or organs, ...	M.	6	5	3	3	2	5	4	—	28
	F.	5	3	2	2	3	4	1	—	20
		81	90	68	87	32	18	10	—	386
Pulmonary and Non-Pulmonary Total, ... ..		90	120	88	215	151	87	65	5	822

IV.—Return of number of persons who died from tuberculosis in the area during the year, with particulars as to period elapsing between notification and death and between discharge from an institution and death.

	Pulmonary.		Non-Pulmonary.	
	Males.	Females.	Males.	Females.
Number of persons who died from tuberculosis, ... ..	28	28	15	9
Of whom—				
Not notified or notified only at or after death, ... ..	4	1	12	5
Notified less than 1 month before death, ... ..	6	1	—	3
Notified from 1 to 3 months before death, ... ..	1	2	—	—
Notified from 3 to 6 months before death, ... ..	—	2	—	—
Notified from 6 to 12 months before death, ... ..	3	5	1	—
Notified from 1 to 2 years before death, ... ..	4	10	—	—
Notified over 2 years before death	10	7	2	1
Number who died within 28 days after discharge from an institution, ... ..	2	5	—	—
Number who died more than 28 days after discharge from an institution.	3	5	2	—



## INFECTIOUS DISEASE — OTHER THAN TUBERCULOSIS.

### SUMMARY.

	1934
Number of visits of enquiry, ... ..	7,972
Patients removed to Hospital, ... ..	1,302
Patients removed to Reception House, ... ..	—
Notices served under Section 50 (2), P.H.S.A., ... ..	2,034
Notices served under Section 53 (2), P.H.S.A., ... ..	2,034
Notices served to School Teachers, etc., ... ..	8,743
Houses, etc., Disinfected, ... ..	1,303
Sets of Clothing removed for Disinfection, ... ..	1,369
Articles of Clothing Disinfected, ... ..	13,167

## TUBERCULOSIS.

### SUMMARY.

	1934.
Number of visits of enquiry, ... ..	1,206
Average number of cases under observation, ... ..	839
Houses, etc., Disinfected, ... ..	85
Sets of Clothing removed for Disinfection or for Destruction, ... ..	173
Articles of Clothing removed for Disinfection or for Destruction, ... ..	2,925

## C.—VITAL STATISTICS.

### STATISTICAL SUMMARY FOR 1934.

Estimated Population, 1934, ... 88,507.

Numbers.	1934.	Rates per 1,000 of Estimated Population.	1934.
Births (corrected for transcripts), ... ..	1,600	Birth Rate (corrected for transcript), ... ..	18.1
Do. Illegitimate (corrected for transcripts), ... ..	82	Illegitimate Birth Rate, ... ..	5.1
Marriages (uncorrected), ... ..	741	Marriage Rate (uncorrected), ... ..	8.4
Deaths (uncorrected), ... ..	1,191	Death Rate—	
Do. (transferred out), ... ..	136	(uncorrected), ... ..	13.4
Do. (transferred in), ... ..	61	(corrected for transfers), ... ..	12.6
Do. (corrected), ... ..	1,116	(corrected for transfers and adjusted for age and sex distribution), ... ..	13.6
		Phthisis (corrected), ... ..	0.64
		All Tuberculosis (corrected), ... ..	0.92
		Principal Epidemic Diseases, ... ..	0.59
		Infantile Mortality Rate, ... ..	86

# TABLE V.

Showing the Number of Admissions, Discharges, and Deaths in connection with Auchentorlie House and Woodside House.

	<i>Admitted.</i>			<i>Discharged.</i>			<i>Died.</i>			<i>Remaining at 31st December.</i>		
	W.	B.	G.	W.	B.	G.	W.	B.	G.	W.	B.	G.
	Total.			Total.			Total.			Total.		
1910-1911	55	163	127	345	47	132	96	275	2	2	29	4
1912, ...	43	109	80	232	44	110	81	235	2	7	26	2
1913, ...	33	99	69	201	31	73	65	189	2	9	30	5
1914, ...	51	105	82	238	50	112	83	245	3	10	20	5
1915, ...	52	129	79	269	54	109	71	234	8	8	32	4
1916, ...	50	90	71	211	51	87	69	207	6	6	29	3
1917, ...	28	91	76	195	27	89	67	183	3	7	23	6
1918, ...	28	84	62	164	29	78	46	153	4	6	30	3
1919, ...	41	87	71	199	41	86	73	200	5	5	26	6
1920, ...	50	83	65	198	48	76	56	180	4	7	29	6
1921, ...	61	77	68	206	63	75	70	208	7	5	24	6
1922, ...	47	62	54	163	47	53	58	158	7	5	26	3
1923, ...	51	54	58	163	53	54	46	153	3	3	23	5
1924, ...	39	78	96	213	40	72	75	187	11	2	18	6
1925, ...	44	67	63	174	40	54	64	158	8	6	23	17
1926, ...	43	85	89	217	38	82	88	208	6	6	20	14
1927, ...	60	105	122	287	62	93	113	208	3	10	29	5
1928, ...	56	78	93	227	53	75	83	211	6	8	26	11
1929, ...	63	96	122	281	63	78	106	247	20	11	24	13
1930, ...	48	104	92	244	51	89	88	228	12	6	27	9
1931, ...	51	110	114	275	50	102	110	262	14	7	21	6
1932, ...	56	109	183	388	55	116	152	323	23	8	31	19
1933, ...	35	142	145	322	32	131	132	295	12	11	30	16
1934, ...	71	182	178	431	73	165	157	395	18	9	29	17